

NEW JERSEY RECEIPT

000245127 - SM

01:20 PM, January 17, 2002

Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00

ORIGINAL

TOTAL PAID: \$200.00

From: Anna C. Little
300 Kinball Street
Suite 106
Woodbridge, NJ 07095-0000

Name of Debtor CARLOS T. TEJADA, INGRID R. GARCIA Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.

☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)

Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X

Signature

Date

INDIVIDUAL / JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

Signature of Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

EXHIBIT 'A' (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit 'A' is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit 'B' has been completed.

Signature of Debtor

Date

Signature of Joint Debtor

Date

EXHIBIT 'B' (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney

Date

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	1	0.00		
B - Personal Property	Y	1	29,813.00		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	1		0.00	
E - Creditors Holding Unsecured Priority Claims	Y	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	2		21,093.04	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	6			\$ 2,537.23
J - Current Expenditures of Individual Debtor(s)	Y	1			\$ 520.00
Total Number of Sheets of All Schedules		16			
Total Assets			\$ 29,813.00		
Total Liabilities				\$ 21,093.04	

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM

Total ->

\$

(Report also on Summary
of Schedules.)**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.		BANCO POPULAR ACCT. NO. : ACCT. NO.:		\$ 200.00 \$ 125.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.		BED, DINETT, SOUNDSYSTEM, LIVING ROOM SET, TELEVISIONS,		\$ 4,100.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X	ASSORTED ARTICLES, CASUAL CLOTHING		\$ 1,000.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.				
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X	TAX REFUNDS 2000		\$ 6,388.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		MAZDA MPD 2000		\$ 18,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.				
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.				
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)				Total -> \$ 29,813.00

continuation sheets attached



In re: CARLOS R. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☐ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
BANCO POPULAR ACCT NO.: 020010381 ACCT. NO. 020070800	11 USC 522(b)(1)		\$ 200.00 \$ 125.00
HOUSEHOLD FURNISHING	11 USC 522 (b)(1)		\$ 4,100.00
CLOTHING	11 USC 522 (b)(1)		\$ 1,000.00
MAZDA MPD 2000	11 USC 522 (b)(1)		\$ 18,000.00
TAX REFUNDS 2000			\$ 6,388.00



In re:

CARLOS R. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODE D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ Deposits by individuals
Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D -	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

Subtotal ->
(Total of this page)

\$

(use only on last page of the completed Schedule E)

Total ->

\$

* If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: CARLOS R. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 5467 1050 0723 2269					
WACHOVIA P.O. BOX 15515 WILMINGTON, DE 19886					\$ 4,224.45
A/C # 9-015-917-037-90					
RETAILERS NATIONAL BANK/TARGET P.O. BOX 59231 MINNEAPOLIS, MN 55459					\$ 514.48
A/C # 4022 9701 2003 9987					
CHASE P.O. BOX 15583 WILMINTON, DE 19886					\$ 3,784.86
A/C # 6011 0013 6060 5598					
DISCOVER P.O. BOX 15251 WILMINGTON, DE 19886					\$ 1,116.57
A/C # 554-555-220-9					
P.O. BOX 9014 DES MOINES, IA 50368					\$ 248.95
A/C # 11 50025 15775 3					
P.O. BOX 182149 COLUMBUS, OH 43218					\$ 59.25
A/C # 11 50006 47209 8					
P.O. BOX 182149 COLUMBUS, OH 43218					\$ 1,011.62
A/C # 4479 4127 2440 6153					
PROVIDIAN P.O. BOX 660786 DALLAS, TX 75266					\$ 1,651.24
A/C # 4118165007232269					
GC SERVICES LIMITED PARTNERSHIPS COLLECTION AGENCY DIVISION					\$ 4,224.45

(Continuation Sheet)

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In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

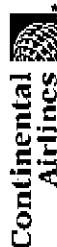
Case No.

(If known)

SCHEDULE H - CODEBTORS☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

CALCULATED BY 04/25/01 gpl



TEJADA, CARLOS F
 CAAT SS # 088-72-7931
 96607

Description	Rate	Hours	Payments	Year To Date	Taxes/Ded	Year To Date
REGULAR EARNING	118500	9600	113760	1009507	FEDERAL TAX	166205
FLEX VAC CRED			1900	28500	SOCIAL SEC TAX	86038
ONTIM/INDEP NT			00	69500	MEDICARE TAX	20122
O/T @ 1.5			00	15516	SDI TAX	7809
PAID HOLIDAY			00	45752	SDI TAX	3124
PAID VACATION			00	13512	NJ WORKFORCE	390
PAID SICK			00	129192	NJ HEALTH CARE	3124
PAID JURY DUTY			4740	73264	NEW JERSEY	25025
SHIFT DIFF			00	27024	401K BASIC	13343
PROFIT SHARING			00	88956	SUPPORT 1	155404
TOTAL PAYMENTS			125296		MEDICAL	88000
MEMO					TRIP PASSFEE	13500
ONTIM/INDEP NT			00	14820	BUDDY PASS FEE	17500
PASS TAX VALUE			00	1374366	AUTO/HOME ZUR	86478
W-2 WAGES			109596	283670	FLEX VAC OPT 1	28500
CO PD BENEFITS			24232		VISION	22400
					DENTAL	35000
					TOTAL DEDUCTS	51135
					NET PAYMENT	74161

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH AND RETAIN FOR YOUR RECORDS

Year To Date Earnings	1561609	Check Number	11250091	Amount of Check	74161
Total Gross		Pay Period	07-31-01		

PAYROLL HELP DESK 1-800-651-1007

Continental
 Airlines

TEJADA, CARLOS T
 CAAT SS # 088-72-7931
 96607

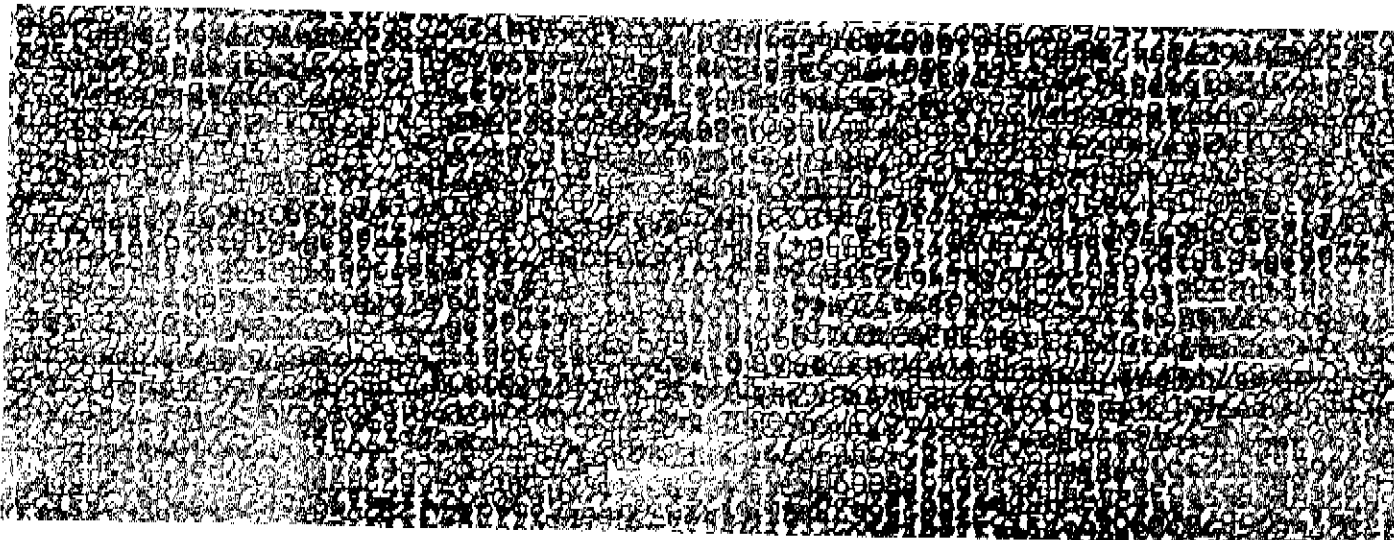
					Taxes/Ded	Year To Date
Description	Rate	Hours	Payments	Year To Date		
REGULAR EARNING	118500	2400	28440	895747	FEDERAL TAX	9347
FLEX VAC CRED			1900	26600	SOCIAL SEC TAX	5298
ONTIM/INDEP NT			00	69500	MEDICARE TAX	1239
O/T @ 1.5			00	15516	SDI TAX	462
PAID HOLIDAY	118500	800	9480	45752	SUI TAX	185
PAID HOL WKD			00	13512	NJ WORKFORCE	23
PAID VACATION	118500	3600	42660	124452	NJ HEALTH CARE	185
PAID SICK			00	73264	NEW JERSEY	1430
PAID JURY DUTY			00	27024	401K BASIC	00
SHIFT DIFF	5100	2400	1224	41170	SUPPORT 1	10833
PROFIT SHARING			00	88956	MEDICAL	00
					TRIP PASSFEE	4500
					BUDDY PASS FEE	2500
					AUTO/HOME ZUR	12948
					FLEX VAC OPT 1	1900
					VISION	00
					DENTAL	5000
TOTAL PAYMENTS			83704		TOTAL DEDUCTS	55850
MEMO					NET PAYMENT	27854
ONTIM/INDEP TX			6500	69500		
PASS TAX VALUE			2140	14820		
W-2 WAGES			85444	1264770		
CO PD BENEFITS			17445	259438		

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH AND RETAIN FOR YOUR RECORDS

Year To Date Earnings	Pay Period	Check Number	Amount of Check
Total Gross 1436313	07-15-01	11234896	27854

PAYROLL HELP DESK 1-800-651-1007

EMPLOYEE	EARNINGS	DEDUCTIONS	THIS PERIOD	YEAR TO DATE
E & Z RESTAURANT CORP ELIZABETH NJ 07207-0000 EMP NO. NAME 069908 SS NO. TEJADA INGRID 153-04-6290 CHECK DATE EPD END 7/20/2001 CHECK NO. 7/15/2001 0006422	RATE 1 REG HOURS 450.00 OT HOURS RATE2 REG HOURS OT HOURS RATE 3 REG HOURS OT HOURS TIP DOLLARS ADJ/BONUS 1 ADJ/BONUS 2 REG PAY OT PAY 450.00	GROSS MEDICARE SOCIAL SECURITY FED TAX STATE TAX LOCAL TAX SDI DED1 DED2 DED3 DED4 DED5-GARNISH 1 DED6-GARNISH 2 DED7-GARNISH 3 DED8-GARNISH 4 401 (K) CAPE (SEC. 125) NET	450.00 450.00 34.43 51.92 6.69 4.16	7350.00 562.28 834.62 108.19 67.96 352.80



In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$ 600.00
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Utilities: Electricity and heating fuel	160.00
Water and sewer	
Telephone	100.00
Other/ CABLEVISION	45.00
 Home maintenance (repairs and upkeep)	
Food	750.00
Clothing	100.00
Laundry and dry cleaning	95.00
Medical and dental expenses	
Transportation (not including car payments)	
Recreation, clubs and entertainment, newspapers, magazines, etc.	
Charitable contributions	
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	
Life	
Health	
Auto	
Other	823.00

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto	
Other	
BABYSITTER	520.00

Alimony, maintenance, and support paid to others	
Payments for support of additional dependents not living at your home	
Regular expenses from operation of business, profession, or farm (attach detailed statement)	240.00
Other	

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 3,953.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$ _____
B. Total projected monthly expenses	\$ _____
C. Excess income (A minus B)	\$ _____
D. Total amount to be paid into plan each (interval)	\$ _____

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: Carlos Tejada

Debtor

Date

Signature: Ingrid Tejada

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: CARLOS T. TEJADA & INGRID R. TEJADA

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give AMOUNT and SOURCE (if more than one).

2001 \$ 17,656.39 CARLOS / \$ 11,850.00 INGRID
2000 \$ 20,182.00 CARLOS / \$ 20,805.00 INGRID
1999 \$ 20,294.00 CARLOS / \$ 19,735.00 INGRID

☒ None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$500 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS ON DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

Form W-2 Wage and Tax Statement 2000		Department of the Treasury-Internal Revenue Service	
Case 02-30603-R Doc 1 Filed 01/17/02 Entered 01/17/02 13:46:00 Desc 2337.71		Converted from ECM (10535671) Page 22 of 69	
1 Control number 6239		2 To Be Filed With Employee's Copy of Local Income Tax	
3 Employer's name, address and ZIP code CONTINENTAL AIRLINES, INC. 1600 SMITH, 4TH FLOOR P O BOX 4919 HOUSTON TX 77210		4 Social security tax withheld 1251.31	
5 Employee's name (first, middle initial, last) CARLOS T TEJADA 710 MURRAY ST. ELIZABETH NJ 07202		6 Social security number 74-2099724	
7 State wages, tips, etc. 23386.48		8 Social security wages 20182.48	
8 State income tax 373.25		9 Medicare wages and tips 20182.48	
9 Local income tax		10 Medicare tax withheld 292.65	
10 State wages, tips, etc. 23386.48		11 Allocated tips	
11 State income tax 373.25		12 Dependent care benefits	
12 Local income tax		13 Nonqualified plans	
13 State wages, tips, etc. 23386.48		14 Benefits included in box 1	
14 State income tax 373.25		15 NJ PPN	
15 Local income tax		16 NJ SDI 106.00 00518220015000 WD/UI/HC 90.10	
16 State wages, tips, etc. 23386.48		17 State income tax 373.25	
17 Local income tax		18 Local wages, tips, etc.	
18 State income tax 373.25		19 Local income tax	
19 Local income tax		20 Local wages, tips, etc.	
20 Local income tax		21 Local income tax	

Form W-2 Wage and Tax Statement 2000		Department of the Treasury-Internal Revenue Service	
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7 State wages, tips, etc. 23386.48		8 Social security wages 20182.48	
8 State income tax 373.25		9 Medicare wages and tips 20182.48	
9 Local income tax		10 Medicare tax withheld 292.65	
10 State wages, tips, etc. 23386.48		11 Allocated tips	
11 State income tax 373.25		12 Dependent care benefits	
12 Local income tax		13 Nonqualified plans	
13 State wages, tips, etc. 23386.48		14 Benefits included in box 1	
14 State income tax 373.25		15 NJ PPN	
15 Local income tax		16 NJ SDI 106.00 00518220015000 WD/UI/HC 90.10	
16 State wages, tips, etc. 23386.48		17 State income tax 373.25	
17 Local income tax		18 Local wages, tips, etc.	
18 State income tax 373.25		19 Local income tax	
19 Local income tax		20 Local wages, tips, etc.	
20 Local income tax		21 Local income tax	

Form W-2 Wage and Tax Statement 2000

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form NJ-1040/HR-1040 (2000)

Page 3

Name TEJADA, CARLOS T		Social Security Number 088-72-7931	
50	If payments (line 49) are less than tax (line 42) enter amount of tax you owe If you owe tax, you may make a donation by entering an amount on lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount	50	
51	If payments (line 49) are more than tax (line 42) enter overpayment	51	165.
Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax Refund.			
Deductions from overpayment on line 51 which you elect to credit to:			
52	Your 2001 tax	52	
53	The NJ Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	53	
54	NJ Children's Trust Fund to Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	54	
55	The NJ Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	55	
56	NJ Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	56	
57	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	57	
58	Other designated contribution <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	58	
59	Total deductions from overpayment (add lines 52 through 58)	59	
60	Refund (amount to be sent to you, line 51 less line 59)	60	165.

Earned Income Tax Credit Schedule

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the federal Earned Income Credit for 2000, your gross income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

- 1 Did you file a 2000 federal Schedule EIC, on which you listed at least one 'qualifying child'? ☐ Yes ☐ No
- 2 Fill in the box if you had the IRS figure your federal Earned Income Credit ☐
- 3 Enter the amount of federal Earned Income Credit from your 2000 federal Form 1040 or 1040A **3**
- 4 Enter 10% of amount on line 3 here and on page 2, line 46 **4**

2000 HR-1040 Homestead Rebate Application

- 7 On December 31, 2000 I (and/or my spouse) was: ☐ Age 65 or older ☐ Blind or disabled ☒ Not 65 or blind or disabled
- Fill in only one box. See instructions.
- 8 Enter the **gross income** you reported on line 29, Form NJ-1040 or see instructions **8** 23,386.
- 9 If your filing status is **married, filing separate return** and you and your spouse **maintain the same principal residence** enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box ☐ **9**
- 10 **Total gross income** (add line 8 and line 9) **10** 23,386.

Stop -- If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

- 11 Enter your New Jersey residence on Dec 31, 2000 if different than above. If you were not a resident on Dec 31, 2000 enter your last New Jersey residence.
Street Address _____ Municipality _____
- 12 Check your residency status during 2000: a ☐ Homeowner b ☒ Tenant c ☐ Both
- 13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.
Block - Lot - Qualifier
- 14a Did you live at more than one New Jersey residence during the year? ☐ Yes ☐ No
- b Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☐ No
- c Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☐ No
- d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? ☐ Yes ☐ No
- Home Owner 15 Total 2000 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2000 **15**
- 16a Total property taxes paid (Schedule HR-A, Part I, line 5) **16a**
- b Number of days as an owner (Schedule HR-A, Part I, line 4) **16b**
- 17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2000 **17** 9,900.
- Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11) **18a**
- b Number of days as a tenant (Schedule HR-A, Part II, line 10) **18b**

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

Form NJ-1040/HR-1040 (2000)

Name TEJADA, CARLOS I	Social Security Number 088/72/7931
---------------------------------	--

Filing Status	1 <input checked="" type="checkbox"/> Single	2 <input type="checkbox"/> Married, filing joint return	3 <input type="checkbox"/> Married, filing separate return	4 <input type="checkbox"/> Head of Household	5 <input type="checkbox"/> Qualifying widow(er)
Exemptions	6 Regular	7 Age 65 or over	8 Blind or disabled	9 Number of qualified dependent children	10 Number of other dependents
	11 Dependents attending colleges	12 Totals (line 12a -- add lines 6, 7, 8 and 11)	(line 12b -- add lines 9 and 10)		

Residency Status	13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency:	From	To
		Month Day Year	Month Day Year
Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NJIA0123 12/13/00

14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	23,386.
15a Taxable interest income	15a	
15b Tax exempt interest income. Do not include on line 15a	15b	
16 Dividends	16	
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals	19a	
a Taxable amount received	19b	
b Less New Jersey pension exclusion	19c	
c Subtract line 19b from line 19a	20	
20 Distributive share of partnership income (see instructions)	21	
21 Net pro rata share of S corporation income (see instructions)	22	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	23	
23 Net gambling winnings	24	
24 Alimony and separate maintenance payments received	25	
25 Other (see instructions)	26	23,386.
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	27	
27 This line is not used on computer generated returns	28	
28 Other retirement income exclusion (see worksheet and instructions)	29	23,386.
29 New Jersey gross income (subtract line 28 from line 26). See instructions		
30a Exemptions: From line 12a <u>1</u> x \$1,000 = <u>1,000.</u>		
30b From line 12b <u> </u> x \$1,500 = <u> </u>		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30c	1,000.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	3,972.
32 Alimony and separate maintenance payments	32	
33 Qualified conservation contribution	33	
34 Total exemptions and deductions (add lines 30c, 31, 32 and 33)	34	4,972.
35 Taxable income (subtract line 34 from line 29). If zero or less, make no entry	35	18,414.
36 Property tax deduction (see instructions)	36	
37 New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry	37	18,414.
38 Tax (from tax tables in the instructions)	38	258.
39 Credit for income taxes paid to other jurisdictions (see instructions)	39	0.
40 Balance of tax (subtract line 39 from line 38)	40	258.
41 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	41	0.
42 Total tax (add line 40 and line 41)	42	258.
43 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	43	373.
44 Property tax credit (see instructions)	44	50.
45 New Jersey estimated tax payments/credit from 1999 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
46 New Jersey Earned Income Tax Credit	46	
47 Excess New Jersey UI/HOAWD withheld (see instructions) (enclose Form NJ-2450)	47	
48 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	48	
49 Total payments/credits (add lines 43 through 48)	49	423.

NJ-1040/
 HR-1040
 2000



**State of New Jersey Income Tax – Resident Return
 Homestead Rebate Application**

For Privacy Act Notification, see instructions
 For tax year Jan Dec 2000 or other tax year

beginning _____, 2000, month ending _____

**This is Page 1 of Your 2000 NJ-1040/HR-1040. It Must
 be Filed in Order for Your Return to be Processed**

04

Name 088-72-7931 TEJA 2004
 and TEJADA CARLOS J
 Address 710 MURRAY STREET
 ELIZABETH NJ 07202

001	00	014	23386	038	258	008	23386
EXT	0	15a	0	039	0	009	0
FS	1	15b	0	041	0	MS	0
006	1	016	0	042	258	010	23386
007	0	017	0	043	373	012	2
008	0	018	0	044	50	13B	0
009	0	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	0
12a	1	020	0	048	0	14b	0
12b	0	021	0	049	423	14c	0
13F	000000	022	0	050	0	14d	0
13T	000000	023	0	051	165	015	0
GEF	1	024	0	052	0	16a	0
DNM	1	025	0	053	0	16b	0
22C	0	026	23386	054	0	017	9900
22I	0	028	0	055	0	18a	0
PA	0	30c	1000	056	0	18b	0
		031	3972	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	0	EI3	0
		036	0	059	0	EI4	0
		037	18414	060	165		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write social security number on check or money order and make payable to:
State of New Jersey – TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
 NJ Division of Taxation Revenue
 Processing Center, P.O. Box 111,
 Trenton, NJ 08645-0111

If Refund:
 NJ Division of Taxation, Revenue
 Processing Center, P.O. Box 555,
 Trenton, NJ 08647-0555

NJIA0101 12/13/00

Your Signature _____ Date _____		Spouse's Signature (If filing jointly, both must sign) _____	
Paid Preparer's Signature _____		Federal Identification Number _____	
Self-Prepared Firm's Name _____		Federal Employer Identification Number _____	

CARLOS T TEJADA
710 MURRAY STREET
ELIZABETH, NJ 07202

COPY

2000 NEW JERSEY INDIVIDUAL INCOME TAX RETURN SUMMARY

Taxable Income	\$	18,414.00
Total Tax	\$	258.00
Total Payments/Credits	\$	423.00
Amount to be Refunded	\$	165.00
Tax Bracket		1.40%

FOLLOW THE ELECTRONIC FILING INSTRUCTIONS TO COMPLETE YOUR RETURN

If you are filing electronically, make sure you come back to Turbo Tax in 24 to 48 hours to check the status of your return. You will receive instructions at that time on how to complete the electronic filing process.

Also, DO NOT mail a copy of your tax return to the state taxing authority. They already received an electronic copy of your tax return.

INSTRUCTIONS FOR MAILING YOUR RETURN

Your New Jersey NJ-1040 shows a refund of \$165.00.

Mail your return to the following address by
April 16, 2001:

New Jersey Division of Taxation
Revenue Processing Center
P.O. Box 555
Trenton, NJ 08647-0555

Be sure to sign and date your return and include the proper amount of postage on the envelope.

INSTRUCTIONS FOR SPECIAL FORMATTING

Your printed state tax forms may look different than what you're used to. Some states require us to include special formatting, such as bar codes on computer-printed tax forms. This special formatting allows your state to process your return much more quickly and efficiently.

If your state return has this special formatting, don't worry. Your forms are completely approved by your state taxing authority. Simply mail your state return to the address shown above.

Schedule A Miscellaneous Itemized Deductions Statement **2000**
 Lines 20, 22, 27 Attach to return (after all IRS forms) **Statement**

Name(s) Shown on Return
 CARLOS T TEJADA

Social Security Number
 088-72-7931

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and handicapped employees claimed elsewhere	1	
2	Other unreimbursed employee business expenses:	2 a	
a	Union and professional dues	b	
b	Professional subscriptions	c	2,105.00
c	Uniforms and protective clothing	d	
d	Job search costs	e	
e	Other:		
3	Total unreimbursed employee business expenses (to Sch A, line 20)	3	2,105.00

Miscellaneous Expenses – Subject to 2% Limitation
 Check the box in investment column if an investment expense

Investment
 expense ↓

4	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	4	
5	Casualty/theft losses of property used in services as an employee		5	
6	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	6	
7	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	7	
8	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	8	
9	Miscellaneous deductions, from Schedule(s) K-1		9	
10	Excess deductions on termination, from Schedule(s) K-1		10	
11	Other deductible expenses:			
a	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	11 a	
b	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	b	
c	Safe deposit box rental fees	<input checked="" type="checkbox"/>	c	
d	IRA custodial fees	<input checked="" type="checkbox"/>	d	
e	Tax preparation software and tax publications		e	
f	Other:		f	
12	Total miscellaneous expenses. Combine lines 4 - 11 (to Sch A, line 22)		12	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

13	Federal estate tax paid on decedent's income reported on this return	13	
14	Impairment-related expenses of a handicapped employee, from Form 2106	14	
15	Amortizable bond premiums on bonds acquired before 10/23/86	15	
16	Gambling losses	16	
17	Casualty/theft losses of income-producing property	17	
18	Other:	18	
19	Total other misc deductions. Combine lines 13 - 18 (to Sch A, line 27)	19	

Schedule A
 (Form 1040)

Itemized Deductions

2000
 07

Department of the Treasury
 Internal Revenue Service (99)

▶ Attach to Form 1040.
 ▶ See Instructions for Schedule A (Form 1040).

Name(s) Shown on Form 1040

Your Social Security Number

CARLOS T. TEJADA

088-72-7931

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	4,440.	
2	Enter amount from Form 1040, line 34	2	20,182.	
3	Multiply line 2 above by 7.5% (.075)	3	1,514.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		2,926.
Taxes You Paid	5 State and local income taxes	5	373.	
	6 Real estate taxes (see instructions)	6		
	7 Personal property taxes	7	1,211.	
(See instructions.)	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8	9		1,584.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	9,900.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11		
(See instructions.)				
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
Note. Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See instructions.)	13		
	14 Add lines 10 through 13	14		9,900.
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	2,018.	
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16		
If you made a gift and got a benefit for it, see instructions.	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18		2,018.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19		
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
	See Statement 2,105.	20	2,105.	
	21 Tax preparation fees	21		
(See instructions for expenses to deduct here.)	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23	2,105.	
	24 Enter amount from Form 1040, line 34	24	20,182.	
	25 Multiply line 24 above by 2% (.02)	25	404.	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		1,701.
Other Miscellaneous Deductions	27 Other — from list in the instructions. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.	28		18,129.
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			

Department of the Treasury — Internal Revenue Service

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning	, 2000, ending	, 20	OMB No. 1545-0074
--	----------------	------	-------------------

33	Subtract line 32 from line 22. This is your adjusted gross income	33	20,182.
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Form 1040 (2000)

FDIA0112 11/07/00

Case 02-06008-R Doc 1 Filed 01/17/02
 1 Wages, tips, other compensation 20805.00
 2 Federal income tax withheld 1875.20
 3 Social security wages 20805.00
 4 Social security tax withheld 1289.97
 5 Medicare wages and tips 20805.00
 6 Medicare tax withheld 301.67

c Employer's name, address and ZIP code

E & Z RESTAURANT CORP
 T/A MCDONALDS
 33 BROAD ST
 ELIZABETH NJ 07207

b Employer's identification number 22-3050769
 d Employee's social security number 153-04-6290
 7 Social security tips
 8 Allocated tips
 9 Advance EIC payment
 10 Dependent care benefits
 11 Nonqualified plans
 12 Benefits included in Box 1

e Employee's name, address and ZIP code

TEJADA INGRID
 426 FULSTON ST APT2
 ELIZABETH NJ 07207

13 See Instr. for Box 13

UI/HC/WD 88.42
 DI 104.03
 DI PPH GNJ0000788

2000 NJ 223-050-769/000 20805.00

W-2 Wage and Tax Statement
 Copy for EMPLOYEE'S State, City, or Local Income Tax Return
 Department of the Treasury Internal Revenue Service

16 State Employer's state I.D. No. 17 State wages, tips, etc. 20805.00
 18 State income tax 325.85
 19 Locality name
 20 Local wages, tips, etc.
 21 Local income tax

Case 02-06008-R Doc 1 Filed 01/17/02 Entered 01/17/02 13:16:00 Desc
 1 Wages, tips, other compensation 20805.00
 2 Federal income tax withheld 1875.20
 3 Social security wages 20805.00
 4 Social security tax withheld 1289.97
 5 Medicare wages and tips 20805.00
 6 Medicare tax withheld 301.67

c Employer's name, address and ZIP code

E & Z RESTAURANT CORP
 T/A MCDONALDS
 33 BROAD ST
 ELIZABETH NJ 07207

b Employer's identification number 22-3050769
 d Employee's social security number 153-04-6290
 7 Social security tips
 8 Allocated tips
 9 Advance EIC payment
 10 Dependent care benefits
 11 Nonqualified plans
 12 Benefits included in B

e Employee's name, address and ZIP code

TEJADA INGRID
 426 FULSTON ST APT2
 ELIZABETH NJ 07207

This information is furnished to the Internal Revenue Service; a refund to the employee of any amount of refund may be imposed on you if income is taxable (fail to report it).

13 See Instr. for Box 13

UI/HC/WD 88.42
 DI 104.03
 DI PPH GNJ0000788

2000 NJ 223-050-769/000 20805.00

W-2 Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS
 (See Notice to Employee on back of Copy B.)
 Department of the Treasury Internal Revenue Service

16 State Employer's state I.D. No. 17 State wages, tips, etc. 20805.00
 18 State income tax 325.85
 19 Locality name
 20 Local wages, tips, etc.
 21 Local income tax

EXPRESS COURIER SERVICES
 1-888-711-2234

060654

SENDER - PLEASE COMPLETE - PRESS HARD

A. D. G. EXPRESS ACCOUNT NUMBER
 AGENT'S COMPANY NAME
 SENDER'S ADDRESS
 700 HURRAY ST.

TELEPHONE (TELEFONO) 908 3204301

DATE 12-29-01

COMPANY NAME (NOMBRE DE LA COMPANIA) TAJA OLA

CONSIGNEE'S NAME (DESTINATARIO) TAJA OLA

CONSIGNEE'S ADDRESS 1000 P.O. BOX 66

TELEPHONE (TELEFONO) 301 363

INSTRUCCIONES / MENSAJE

☒ EXPRESS ☐ DOCUMENTOS ☐ OTROS ☐ CREDIT
☐ 2 OR 3 DAYS DELIVERY ☐ PAQUETES ☐ CASH ☐ C.O.D.

THE ABOVE INFORMATION IS CORRECT AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE.
 LA INFORMACION PRECEDENTE ES CORRECTA Y ACEPTO LOS TERMINOS Y CONDICIONES DETALLADAS AL DORSO.

SENDER'S SIGNATURE x Carlos Tejada
 A.D.G. REPRESENTATIVE
 A.D.G. EMPLOYEE
 PACKAGE PICK-UP DATE / TIME

INVOICE INFORMATION (Nature and Quantity of Goods)

COUNTRY OF EXPORT NO. OF PKGS. 1
 WEIGHT 2 (Kilograms)
 FULL AND COMPLETE DESCRIPTION OF CONTENTS
 DECLARED VALUE FOR CUSTOMS
 TOTAL PKGS. TOTAL WEIGHT TOTAL DECLARED VALUE FOR CARRIAGE

TOTAL CHARGES

CARRIER CHARGE
 OVER WEIGHT
 IMP. ADUANA
 INSURANCE
 OTHERS
 SUB. TOTAL
 DEPOSITS

CERTIFICADO HABER RECIBIDO PAQUETE(S) EN BUEN ORDEN Y EN BUENAS CONDICIONES. ACEPTO PAGAR TODOS LOS CARGOS ENCLUYENDO PAGOS DE ADUANA E IMPUESTOS QUE APPLIQUEN A LAS CONDICIONES DEL CONTRATO PUESTO AL DORSO DE ESTA COPIA.

DESTINATARIO NEW YORK CEDULA NEW JERSEY SERIE
 FECHA DE ENTREGA HORA DE ENTREGA

H&R BLOCK

tax and financial services

Tax Law Changes and IRS Programs That May Affect You

EARNED INCOME CREDIT

The definition of *qualifying child* has been changed.

Congress has redefined the term *qualifying child* for earned income tax credit purposes. For a child to qualify you for the Earned Income Credit, the child must be your son or daughter, stepchild, adopted child, grandchild, or *qualified* foster child. As under prior law, the qualifying child must have lived with you for more than half the year (the entire year in the case of a qualified foster child).

A qualified foster child, for purposes of the earned income credit, must be *placed with you by an authorized child placement agency* or must be *your brother or sister, nephew or niece, or a descendant (including an adopted child) of one of these relatives*. In addition, you must treat the foster child as if he or she were your own child. If you are married and filing a joint return these relatives may be yours or your spouse's.

How does this change affect me?

You may or may not be affected. Under prior law, a foster child for earned income credit purposes was any child whom you treated as your own child and who lived in your home for the entire year. Now, to be eligible as a foster child, the child must meet the new definition. If you had a qualifying child who met the old foster child definition but does not meet the new definition, he or she will no longer qualify you for the earned income credit.

What should I do if I receive a letter from the IRS about my Earned Income Tax Credit?

The IRS is comparing state custody records with the names and social security numbers of qualifying Earned Income Tax Credit children. You may receive a letter from the IRS if court records in your state indicate that you are not the legal custodial parent of a qualifying child listed on your return.

If you receive correspondence from the IRS about your Earned Income Tax Credit claim, contact H&R Block for assistance in resolving the matter.

IRS REVENUE PROTECTION STRATEGIES

The IRS has announced that they will increase their review of certain elements on individual tax returns filed for the 2000 tax year. Some of the IRS revenue protection strategies that may affect you include:

Social Security Number / Name Matching

For you, your spouse if you are filing a joint return, and your dependents, the IRS will be comparing the social security number and the last name(s) listed on your return with Social Security Administration records. If the information does not match, processing of the return (and refund) will be delayed until the discrepancy is resolved.

While this review will apply to returns filed electronically and returns mailed to the IRS, by filing your return electronically we will be able to notify you within a day or two if there is a name / social security number mismatch on your return. Taxpayers who mail their returns may have their refunds significantly delayed if there is a mismatch.

First Time Filers

If you (and/or your spouse, if you file a joint return) have not filed a tax return using your current last name during the past 10 years, the IRS will delay payment of your refund for one week. The delay will not affect you if you file electronically and request a Refund Anticipation Loan. All other refunds, including those received by Refund Anticipation Check, direct deposit, and IRS check may be affected by this additional IRS compliance review.

Office Number: 28180
Payment Status: RAL/WH
Home Phone: 908-351-0959

426 FULSTON ST Apt. 2
ELIZABETH, NJ 07207

INGRID TEJADA

Desc

SSN: 153-04-6290
 OTR:
 CO Spouse:
 DOB:

8/3/1972

$$H/H$$

STATUS: H/H

Preparer Number/Name: 01316/CONSTANCE MCMILL
Preparation Date: 2/26/2001
Source: New
FED ELF Return Type: RAL - Check
FED ELF Firm Type: HRB Prepared
ST ELF Return Type: DOR Check
ST ELF Firm Type: HRB Prepared
Receipt Number: 5148925 FP: 2A

Return Prep Fee:	98.00
E-Filing Fees:	32.00
State Elf Fees:	
Other:	
Gift Cert/Discount:	
Sales Tax:	1.92
TOTAL FEES:	131.92
Payment Rec'd/RAT W/H:	131.92

ed
pag

GLORIA TEJADA
QUINTERA TEJADA

Birth Date	SSN
12/19/1999	150-06-1386
6/20/1995	146-98-4509

Relationship	Months
DAUGHTER	12
DAUGHTER	12

Filed 11/17/02
m ECM (10535)

FIN	S TY
223050769	T R

Type	S	T
R		

FORM W-2 INFORMATION							
	FEDERAL	SOCIAL SECURITY	MEDICARE	STATE	LOCAL		
Wages	W/H	Wages	W/H	Wages	W/H	ST	Wages
20805	1875	20805	1290	20805	302	NJ	20805
							326
							0

FILED Doc
Converted

Firm Type	Adjusted Gross Income (AGI)	Taxable Income
1	20,805	5,955
1	20,805	16,805

Taxable
income
5,955
16,805

GENERAL INFORMATION ==	
Tax	Total
Liability	Payments
0	4,050
235	376

Total	Amount	Amount
Payments	Overpaid	of Refund
4,050	4,050	4,050
376	141	141

Amount	Balance Due
of Refund	with Return
4,050	0
141	0

Federal software version: 2.01.009

ADDITIONAL INFORMATION
State

State software version (NJ): 1.01.005

Property Tax Deduction /Credit

1. Property Tax.....	864	
2. Property Tax Deduction.....	864	
	Column A	Column B
3. Taxable Income (Line 35 of NJ-1040).....	16,805	16,805
4. Property Tax (From Line 2).....	864	0
5. Taxable Income After Property Tax Deduction.....	15,941	16,805
6. Tax you would pay on Line 5 amount.....	223	235
7. Subtract Line 6, Column A from Column B.....		12

Is this amount \$50.00 or more (25.00 if filing status is married, filing separate return and you maintain the same residence as your spouse).

Yes You receive a greater tax benefit by taking the property Tax Deduction. Enter the amount on Line 4 of this worksheet on Line 36 of Form NJ-1040. Make no entry on Line 44 of Form NJ-1040 and complete the balance of the return.

(X) No You receive a greater tax benefit by taking the Property Tax Credit. Enter \$50.00 on Line 44 of Form NJ-1040 (\$25.00 if filing status is married, filing separate return and you maintain the same residence as your spouse).

NJ-1040/HR-1040 (2000)

PAGE 3

Name **TEJADA INGRID**Social Security Number **153-04-6290**

50. If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE.

50 0

If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.

51. If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT

51 141

NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND.

Deductions from Overpayment on Line 51 which you elect to credit to:

52. Your 2001 tax

52

53. The N.J. Endangered Wildlife Fund

\$10 \$20 Other

53

54. N.J. Children's Trust Fund to Prevent Child Abuse

\$10 \$20 Other

54

55. The N.J. Vietnam Veterans' Memorial Fund

\$10 \$20 Other

55

56. N.J. Breast Cancer Research Fund

\$10 \$20 Other

56

57. U.S.S. New Jersey Educational Museum Fund

\$10 \$20 Other

57

58. Other Designated Contribution

\$10 \$20 Other

58 0

59. Total Deductions from Overpayment (Add Lines 52 through 58)

59

60. REFUND (Amount to be sent to you, Line 51 LESS Line 59)

60 141

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2000, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal Income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"?

☐ Yes ☐ No

2. Fill in the box if you had the IRS figure your Federal Earned Income Credit.

☐

3. Enter the amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040A.

3

4. Enter 10% of the amount on line 3 here and on Page 2, Line 46.

4

2000 HR-1040 HOMESTEAD REBATE APPLICATION

7. On December 31, 2000 I (and/or my spouse) was

☐ Age 65 or older☐ Blind or disabled☒ Not 65 or blind or disabled

Fill in only one box. See instructions on Page 42.

8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions.

8 20,805

9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and check this box

☐

9

10. TOTAL GROSS INCOME (Add Line 8 and Line 9)

10 20,805

STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.

11. Enter your New Jersey residence on Dec. 31, 2000 if different than above. If you were not a resident on Dec. 31, 2000 enter your last New Jersey residence.

Street Address

Municipality

12. Check your residency status during 2000:

a. ☐ Homeownerb. ☒ Tenantc. ☐ Both

13. If you checked "Homeowner" or "Both" on Line 12, fill in the block and lot number of the residence for which the rebate is claimed.

Block

Lot

Qualifier

14. a. Did you live at more than one New Jersey residence during the year?

Yes ☒ No

b. Did you share ownership of a principal residence during the year with anyone, other than your spouse?

Yes ☒ No

c. Did any principal residence you owned during the year consist of multiple dwelling units?

Yes ☒ No

d. Did anyone, other than your spouse, occupy & share rent with you for an apartment or other rental dwelling during the year?

Yes ☒ No

Home Owner 15. Total 2000 prop. taxes you (& your spouse) paid on your principal residence in NJ during 2000

15

16 a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)

16a

16 b. Number of days as an owner (Sch. HR-A, PART I, Line 4)

16b

17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 2000.

17 4,800

Tenant 18 a. Total Rent paid (Sch. HR-A, PART II, Line 11)

18a

18 b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)

18b

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

☐

NJ-1040/HR-1040 (2000)

PAGE 2

Name
TEJADA INGRIDSocial Security Number
153-04-6290FILING STATUS 1. ☐ Single 2. ☐ Married, filing joint return 3. ☐ Married, filing separate return 4. ☒ Head of Household 5. ☐ Qualifying Widow(er)

EXEMPTIONS 6. Regular 7. Age 65 or Over 8. Blind or Disabled 9. Number of qualified dependent children

10. Number of other dependents 11. Dependents attending colleges 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) (Line 12b - Add Lines 9 and 10)

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency. From MONTH DAY YEAR To MONTH DAY YEAR

GUBERNATORIAL Do you wish to designate \$1 of your taxes for this fund? Yes No

ELECTIONS FUND If joint return, does your spouse wish to designate \$1? Yes No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) 14 20,805

15a. Taxable interest income 15a

15b. Tax exempt interest income. DO NOT include on Line 15a 15b

16. Dividends 16

17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) 17

18. Net gains or income from disposition of property (Schedule B, Line 4) 18

19. Pensions, Annuities, and IRA Withdrawals a. Taxable amount Received 19a b. Less N.J. Pension Exclusion 19b c. Subtract Line 19b from Line 19a 19c

20. Distributive Share of Partnership Income (See instruction page 22) 20

21. Net pro rata share of S Corporation Income (See instruction page 22) 21

22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) 22

23. Net Gambling Winnings 23

24. Alimony and separate maintenance payments received 24

25. Other (See instruction page 23) 25

26. Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25) 26 20,805

27. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS. 27

28. Other Retirement Income Exclusion (See Worksheet and instr. page 23) 28

29. New Jersey Gross Income (Subtract Line 28 from Line 26) See instruction page 24 29 20,805

30a. Exemptions: From Line 12a x \$1,000 = 1,000

30b. From Line 12b x \$1,500 = 3,000

30c. Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instruction page 8. 30c 4,000

31. Medical Exp/Medical Savings Acct Contributions (See Worksheet and instr. page 25) 31

32. Alimony and Separate Maintenance Payments 32

33. Qualified Conservation Contribution 33

34. Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33) 34 4,000

35. Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY. 35 16,805

36. Property Tax Deduction (See instruction page 25) 36

37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY. 37 16,805

38. Tax (From Tax Tables, page 43) 38 235

39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions) 39

40. Balance of Tax (Subtract Line 39 from Line 38) 40 235

41. Use Tax Due on Out- of- State Purchases (See instruction page 28) If no Use Tax, enter ZERO. 41 0

42. Total Tax (Add Line 40 and Line 41) 42 235

43. Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R) 43 326

44. Property Tax Credit (See instruction page 28) 44 50

45. New Jersey Estimated Tax Payments/Credit from 1999 tax return. 45

Check ☐ if Form NJ-2210 is enclosed.

46. New Jersey Earned Income Credit 46

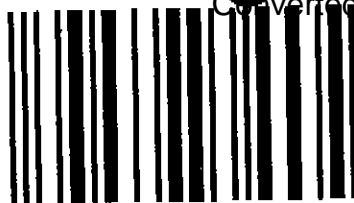
47. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 29) (Enclose Form NJ-2450) 47

48. EXCESS New Jersey Disability Insurance Withheld (See instr. page 29) (Enclose Form NJ-2450) 48

49. Total Payments/Credits (Add Lines 43 through 48) 49 376

NJ-1040/
HR-1040
2000

PAGE 1



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions

For Tax Year Jan. - Dec. 2000 or Other Tax Year

Beginning _____, 2000

Month Ending _____

THIS IS PAGE 1 OF YOUR 2000 NJ-1040/HR-1040. IT MUST
BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED

09

153-04-6290

TEJA

2004

Name
and
Address

TEJADA INGRID

426 FULSTON ST APT 2
ELIZABETH

NJ-07207

COPY ONLY DO NOT

001	12	014	20805	038	235	008	20805
EXT	0	15a	0	039	0	009	0
FS	4	15b	0	041	0	MS	0
006	1	016	0	042	235	010	20805
007	0	017	0	043	326	012	2
008	0	018	0	044	50	13B	0
009	2	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	2
12a	1	020	0	048	0	14b	2
12b	2	021	0	049	376	14c	2
13F	000000	022	0	050	0	14d	2
13T	000000	023	0	051	141	015	0
GEF	0	024	0	052	0	16a	0
DNM	1	025	0	053	0	16b	0
22c	0	026	20805	054	0	017	4800
22I	0	028	0	055	0	18a	0
PA	0	30c	4000	056	0	18b	0
		031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	059	0	EI3	0
		036	0	060	0	EI4	0
		037	16805		141		

FILE

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> FOR INFORMATION ONLY

Your Signature

Date

> FOR INFORMATION ONLY

Spouse's Signature (If filing jointly, BOTH must sign)

Federal Identification Number

Paid Preparer's Signature

Firm's Name

HR BLOCK EASTERN TAX SERVICE 07202

Federal Employer Identification No

43-1632899

Pay amount on line 50 in full. Write Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:

NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 995, Trenton, NJ 08647-0995.

NJ- 8453
2000STATE OF NEW JERSEY
INDIVIDUAL INCOME TAX
DECLARATION FOR
ELECTRONIC FILING

Declaration Control Number (DCN)

00-224891-1

Your Social Security Number

153-04-6290

Spouse's Social Security Number

County/Municipal Code

2004

Last Name, First Name and Initial (Joint filers enter first name and initial of each. Enter spouse last name ONLY if different)

TEJADA INGRID

Home address (Number and Street, including apartment number or rural route)

426 FULSTON ST APT 2

State

Zip Code

City, Town, Post Office

ELIZABETH NJ 07207

Please
place label
on form
you file.
Make all
necessary
changes
to label.

PART I Tax Return Information

1. Federal wages, salaries, tips, etc.

20,805

2. New Jersey total wages, salaries, tips, etc.

20,805

3. New Jersey income tax withheld

326

4. ~~XXXXXX~~ / Refund due

141

PART II Declaration of Taxpayer

Under penalties of perjury, I declare that I have examined the electronically filed income tax return and Homestead Rebate Application, filed on my behalf including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

COPY ONLY

COPY ONLY

Your signature

Date

Spouse's signature (if filing jointly, BOTH must sign)

Do Not Attach Checks To This Form

PART III Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

Under penalties of perjury, I declare that I have examined this return and Homestead Rebate Application, filed on my behalf including accompanying schedules and statements, and to the best of my knowledge they are based on all information of which I have knowledge.

ERO's Signature

HR BLOCK EASTERN TAX SERVICES

1140 E JERSEY STREET, ELIZABETH, NJ 07202-0000

ERO's Firm Name and Address

02/26/2001

Date

☒ Check here if the ERO is also the Paid Preparer

Under penalties of perjury, I declare that I have examined this return and Homestead Rebate Application, filed on my behalf including accompanying schedules and statements, and to the best of my knowledge they are based on all information of which I have knowledge.

Preparer's signature

Date

Preparer's Firm Name and Address

SCHEDULE EIC

(Form 1040A or 1040)

Earned Income Credit**Qualifying Child Information**Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2000Attachment
Sequence No. **43**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

INGRID TEJADAYour social security number
153-04-6290**Before you begin:**See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b,
to make sure that (1) you can take the EIC and (2) you have a qualifying child.

CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

COPY**Qualifying Child Information****Child 1****Child 2**

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	GLORIA	TEJADA	QUIRA	TEJADA
2 Child's SSN The child must have an SSN as defined on page 48 of the Form 1040A or 1040 instructions unless the child was born and died in 2000. If your child was born and died in 2000 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	150-06-1386		146-98-4509	
3 Child's year of birth	Year 1999 If born after 1981, skip lines 4a and 4b; go to line 5.		Year 1995 If born after 1981, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1982 - a Was the child under age 24 at the end of 2000 and a student? b Was the child permanently and totally disabled during any part of 2000?	<input type="checkbox"/> Yes. Go to line 5. <input checked="" type="checkbox"/> No. Continue.		<input type="checkbox"/> Yes. Go to line 5. <input checked="" type="checkbox"/> No. Continue.	
	<input type="checkbox"/> Yes. Continue. <input checked="" type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue. <input checked="" type="checkbox"/> No. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	DAUGHTER		DAUGHTER	
6 Number of months child lived with you in the United States during 2000 • If the child lived with you for more than half of 2000 but less than 7 months, enter "7". • If the child was born or died in 2000 and your home was the child's home for the entire time he or she was alive during 2000, enter "12".	12 months Do not enter more than 12 months.		12 months Do not enter more than 12 months.	



Do you want part of the EIC added to your take-home pay in 2001? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

Taxable income

20 Enter the amount from line 15 **Converted from ECM (10535671)** Page 39 of 69

21a Check if: ☐ You were 65 or older ☐ Spouse was 65 or older ☐ Blind ☐ Blind Enter number of boxes checked 21a ☐

b If you are married filing separately and your spouse itemizes deductions, see page 33 and check here 21b ☐

22 Enter the **standard deduction** for your filing status. But see page 33 if you checked any box on line 21a or 21b or if someone can claim you as a dependent.

• Single- \$4,400 • Married filing jointly or Qualifying widow(er)- \$7,350
• Head of household- \$6,450 • Married filing separately- \$3,675

22 6,450.
23 14,355.
24 8,400.
25 5,955.
26 896.

Tax, credits, and payments

26 Tax (see page 34) 26

27 Credit for child and dependent care expenses. Attach Schedule 2. 27

28 Credit for the elderly or the disabled. Attach Schedule 3. 28

29 Education credits. Attach Form 8863. 29

30 Child tax credit (see page 37). 30 896.

31 Adoption credit. Attach Form 8839. 31

32 Add lines 27 through 31. These are your total credits. 32 896.

33 Subtract line 32 from line 26. If line 32 is more than line 26, enter 0. 33 0.

34 Advance earned income credit payments from Forms W-2. 34

35 Add lines 33 and 34. This is your total tax. 35 0.

36 Federal income tax withheld from Forms W-2 and 1099. 36 1,875.

37 2000 estimated tax payments and amount applied from 1999 return. 37 2,175.

If you have a qualifying child, attach Schedule EIC.

38a **Earned income credit (EIC).** 38a 2,175.

b Nontaxable earned income: amount and type

39 Additional child tax credit. Attach Form 8812. 39

40 Add lines 36, 37, 38a, and 39. These are your total payments. 40 4,050.

Refund

Have it directly deposited! See page 48 and fill in 42b, 42c, and 42d.

41 If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you overpaid. 41 4,050.

42a Amount of line 41 you want refunded to you. 42a 4,050.

b Routing number 031100254 c Type: ☒ Checking ☐ Savings

d Account number 90047915153046290

Amount you owe

43 Amount of line 41 you want applied to your 2001 estimated tax. 43

44 If line 35 is more than line 40, subtract line 40 from line 35. This is the amount you owe. For details on how to pay, see page 49. 44

45 Estimated tax penalty (see page 49). 45

Sign here

Joint return? See page 21.
Keep a copy for your records.

Your signature **For Info Only-Do not file** Date Your occupation **MANAGER** Daytime phone number

Spouse's signature. If a joint return, both must sign. **For Info Only-Do not file** Date Spouse's occupation May IRS discuss this return with the preparer shown below (see page 50)? ☐ Yes ☐ No

Paid preparer's use only

Preparer's signature **For Info Only-Do not file** Date **2/26/01** Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code **HR BLOCK EASTERN TAX SERVICES ELIZABETH, NJ 07202-0000** EIN **43-1632899** Phone no. **(908) 659-9811**

KBA

Form 1040A (2000)

Form **8453****U.S. Individual Income Tax Declaration
for an IRS e-file Return**

OMB No. 1545-0936

Department of the Treasury
Internal Revenue Service

For the year January 1 - December 31, 2000

▶ See separate instructions.

2000Use the
IRS label.
Otherwise,
please
print or
type.

LABEL HERE	Your first name and initial INGRID	Last name TEJADA	Your social security number 153-04-6290
	If a joint return, spouse's first name and initial	Last name	Spouse's social security no.
	Home address (number and street). If you have a P.O. box, see instructions. 426 FULSTON ST		Apt. no. 2
	City, town or post office, state, and ZIP code ELIZABETH, NJ 07201		

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.
Daytime phone number
(908) 351-0959

Part I Tax Return Information (Whole dollars only)

1	Adjusted gross income (Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4)	1	20,805
2	Total tax (Form 1040, line 57; Form 1040A, line 35; Form 1040EZ, line 10)	2	0
3	Federal income tax withheld (Form 1040, line 58; Form 1040A, line 36; Form 1040EZ, line 7)	3	1,875
4	Refund (Form 1040, line 67a; Form 1040A, line 42a; Form 1040EZ, line 11a)	4	4,050
5	Amount you owe (Form 1040, line 69; Form 1040A, line 44; Form 1040EZ, line 12)	5	

Part II Declaration of Taxpayer (Sign only after Part I is completed.)

- 6a ☒ I consent that my refund be directly deposited, as designated in the electronic portion of my 2000 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH debit (electronic withdrawal) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2000 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection, and, if I am applying for a refund anticipation loan or similar product, an indication of a refund offset. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign

Here

COPY ONLY

Your signature

Date

COPY ONLY

Spouse's signature, if a joint return, BOTH must sign. Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <i>Constan Delle</i>	Date 02/26/2001	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	HR BLOCK EASTERN TAX SERVICES		EIN 43-1632899	
	ELIZABETH, NJ 07202-0000		Phone no. (908) 659-9813		

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
	Phone no.			

KBA For Paperwork Reduction Act Notice, see separate instructions.

Form 8453 (2000)

Control number 6014		Copy 2 To Be Filed With Employee's City or Local Income Tax Return		1 Wages, tips, other compensation 20294.32		2 Federal income tax withheld 2359.29	
Employer's name, address and ZIP code CONTINENTAL AIRLINES, INC. 1600 SMITH, 4TH FLOOR P O BOX 4919 HOUSTON TX 77210		b Employer's identification number 74-2099724		3 Social security wages 20294.32		4 Social security tax withheld 1258.25	
Employee's name (first, middle initial, last) CARLOS T TEJADA 710 MURRAY ST. ELIZABETH NJ 07202		c Employee's social security number 088-72-7931		5 Medicare wages and tips 20294.32		6 Medicare tax withheld 294.27	
Employee's address and zip code		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		13		14 Other	
12 Benefits included in box 1		NJ PPN		NJ SDI 101.00 00518220015000 WD/UI/HC 85.85			
Employer's state ID No NJ 742-099-724 000		17 State wages, tips, etc. 23438.32		18 State income tax 371.31		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax		Department of the Treasury-Internal Revenue Service			

W-2 Wage and Tax Statement 1999

Control number 6014		Copy 2 To Be Filed With Employee's City or Local Income Tax Return		1 Wages, tips, other compensation 20294.32		2 Federal income tax withheld 2359.29	
Employer's name, address and ZIP code CONTINENTAL AIRLINES, INC. 1600 SMITH, 4TH FLOOR P O BOX 4919 HOUSTON TX 77210		b Employer's identification number 74-2099724		3 Social security wages 20294.32		4 Social security tax withheld 1258.25	
Employee's name (first, middle initial, last) CARLOS T TEJADA 710 MURRAY ST. ELIZABETH NJ 07202		c Employee's social security number 088-72-7931		5 Medicare wages and tips 20294.32		6 Medicare tax withheld 294.27	
Employee's address and zip code		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		13		14 Other	
12 Benefits included in box 1		NJ PPN		NJ SDI 101.00 00518220015000 WD/UI/HC 85.85			
Employer's state ID No NJ 742-099-724 000		17 State wages, tips, etc. 23438.32		18 State income tax 371.31		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax		294.			

If you did not get a W-2, see instructions.

Enclose, but do not staple, any payment.

Adjusted gross income

14a Total IRA distributions	10a	10b Taxable amount	10b
11a Total pensions and annuities	11a	11b Taxable amount	11b
12 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends		12	
13a Social security benefits	13a	13b Taxable amount	13b
14 Add lines 7 through 13b (far right column). This is your total income		14	20,294.
15 IRA deduction (see instructions)	15		
16 Student loan interest deduction (see instructions)	16		
17 Add lines 15 and 16. These are your total adjustments		17	
18 Subtract line 17 from line 14. This is your adjusted gross income		18	20,294.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 1040A (1999)

Department of the Treasury — Internal Revenue Service

Form **1040A** U.S. Individual Income Tax Return (99) **1999**

IRS use only — Do not write or staple in this space.

Label

(see the instructions.)

Use the IRS label.

Otherwise, please print or type.

Your First Name and Initial CARLOS T		Last Name TEJADA	OMB No. 1545-0085
If a Joint Return, Spouse's First Name and Initial		Last Name	Your Social Security Number 088-72-7931
Home Address (number and street). If You Have a P.O. Box, See instructions.		Apt Number	Spouse's Social Security Number 153-04-6290
710 MURRAY ST.			▲ Important! ▲ You must enter your SSN(s) above. Note: Checking 'Yes' will not change your tax or reduce your refund.
City, Town or Post Office, State, and ZIP Code. If You Have a Foreign Address, See instructions. ELIZABETH NJ 07202			
Presidential Election Campaign Fund (See instructions.)		Yes	No
Do you want \$3 to go to this fund?			X
If a joint return, does your spouse want \$3 to go to this fund?			

Filing status

Check only one box.

Exemptions

If more than seven dependents, see instructions.

1	<input type="checkbox"/> Single
2	<input type="checkbox"/> Married filing joint return (even if only one had income)
3	<input checked="" type="checkbox"/> Married filing separate return. Enter spouse's social security number above and full name here INGRID TEJADA
4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died 19). (See instructions.)
6a	<input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b	<input type="checkbox"/> Spouse
c	Dependents.
(1)	First name Last name
(2)	Dependent's social security number
(3)	Dependent's relationship to you
(4)	<input checked="" type="checkbox"/> If qualifying child for child tax credit
No. of boxes checked on 6a and 6b 1	
No. of your children on 6c who:	
• lived with you	
• did not live with you due to divorce or separation	
Dependents on 6c not entered above	
Add numbers entered on lines above 1	
d	Total number of exemptions claimed

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not staple, any payment.

Adjusted gross income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20,294.
8a	Taxable interest. Attach Schedule 1 if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule 1 if required	9	
10a	Total IRA distributions	10a	
10b	Taxable amount	10b	
11a	Total pensions and annuities	11a	
11b	Taxable amount	11b	
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends	12	
13a	Social security benefits	13a	
13b	Taxable amount	13b	
14	Add lines 7 through 13b (far right column). This is your total income	14	20,294.
15	IRA deduction (see instructions)	15	
16	Student loan interest deduction (see instructions)	16	
17	Add lines 15 and 16. These are your total adjustments	17	
18	Subtract line 17 from line 14. This is your adjusted gross income	18	20,294.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1040A (1999)

CARLOS T TEJADA

088-72-7931

Form 1040A (1999)

Page 2

Taxable income 19 Enter the amount from line 18 19 20,294.

20 a Check ☐ You were 65 or older ☐ Blind ☐ Enter number of boxes checked 20 a ☐
if: ☐ Spouse was 65 or older ☐ Blind

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 20 b ☐

21 Enter the **standard deduction** for your filing status. But see instructions if you checked any box on line 20a or 20b or if someone can claim you as a dependent.
• Single — \$4,300 • Married filing jointly or Qualifying widow(er) — \$7,200
• Head of household — \$6,350 • Married filing separately — \$3,600 21 3,600.
22 Subtract line 21 from line 19. If line 21 is more than line 19, enter 0 22 16,694.
23 Multiply \$2,750 by the total number of exemptions claimed on line 6d 23 2,750.
24 Subtract line 23 from line 22. If line 23 is more than line 22, enter 0. This is your **taxable income** 24 13,944.

Tax, credits, and payments

25 Find the tax on the amount on line 24 (see instructions) 25 2,089.
26 Credit for child and dependent care expenses. Attach Schedule 2 26
27 Credit for the elderly or the disabled. Attach Schedule 3 27
28 Child tax credit (see instructions) 28
29 Education credits. Attach Form 8863 29
30 Adoption credit. Attach Form 8839 30
31 Add lines 26 through 30. These are your **total credits** 31
32 Subtract line 31 from line 25. If line 31 is more than line 25, enter 0 32 2,089.
33 Advance earned income credit payments from Form(s) W-2 33
34 Add lines 32 and 33. This is your **total tax** 34 2,089.
35 Total federal income tax withheld from Forms W-2 and 1099 35 2,359.
36 1999 estimated tax payments and amount applied from 1998 return 36
37 a **Earned income credit.** Attach Schedule EIC if you have a qualifying child 37 a
b Nontaxable earned income:
amount and type
38 Additional child tax credit. Attach Form 8812 38
39 Add lines 35, 36, 37a and 38. These are your **total payments** 39 2,359.

Refund

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid** 40 270.
41 a Amount of line 40 you want **refunded to you** 41 a 270.
b Routing number c Type: ☐ Checking ☐ Savings
d Account number
42 Amount of line 40 you want **applied to your 2000 estimated tax** 42

Amount you owe

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe**. For details on how to pay, see instructions 43
44 Estimated tax **penalty** (see instructions) 44

Sign Here

Print return? See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature	Date	Your Occupation LABORER	Daytime Telephone Number (optional)
Spouse's Signature. If Joint Return, Both Must Sign.	Date	Spouse's Occupation	

Preparer's Use Only

Preparer's Signature	Date 03/15/2000	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 146-68-6515
Firm's Name (or yours if self-employed) and Address JOSE L. NIVAR & CO. 30 SOUTH REID STREET ELIZABETH NJ	EIN 22-3527223	ZIP Code 07201	

NJ-1040/
HR-1040
1999

Converted from ECM (10535671) Page 44 of 69

State of New Jersey Income Tax — Resident Return
Homestead Rebate ApplicationFor Privacy Act Notification, see instructions
For tax year Jan - Dec 1999 or other tax year

beginning _____, 1999, month ending _____

This is Page 1 of Your 1999 NJ-1040/HR-1040. It Must
be Filed in Order for Your Return to be Processed

04

Name
and
Address088-72-7931
TEJADA CARLOS T

TEJA

153-04-6290

2004

710 MURRAY ST
ELIZABETH

NJ 07202

For Computerized Use Only. Do Not Write in This Block.

001	00	014	23438	037	322	008	23438
EXT	0	15a	0	038	0	009	19735
FS	3	15b	0	040	0	MS	1
006	1	016	0	041	322	010	43173
007	0	017	0	042	371	012	0
008	0	018	0	043	0	13B	0
009	0	19a	0	044	0	13L	0
010	0	19b	0	045	0	13Q	0
011	0	19c	0	046	0	14a	0
12a	1	020	0	047	371	14b	0
12b	0	021	0	048	0	14c	0
13F	000000	022	0	049	49	14d	0
13T	000000	023	0	051	0	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22C	0	026	23438	054	0	017	0
22I	0	028	0	055	0	18a	0
PA	0	30c	1000	056	0	18b	0
		031	0	057	0		
		032	0	058	49		
		035	0				
		036	22438				

Filing Status

1 ☐ Single 2 ☐ Married, filing joint return 3 ☒ Married, filing separate return 4 ☐ Head of Household 5 ☐ Qualifying Widow(er)

Exemptions

6 Regular 1
7 Age 65 or over
8 Blind or disabled
9 Number of qualified dependent children
10 Number of other dependents
11 Dependents attending colleges
12 Totals (line 12a - add lines 6, 7, 8 and 11) 1
(line 12b - add lines 9 and 10)

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. Pay amount on line 12 is full with

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 1999 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (1999)

Page 2

Name TEJADA, CARLOS T	Social Security Number 088-72-7931
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Residency Status	13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency:	From	Month	Day	Year	To	Month	Day	Year
------------------	---	------	-------	-----	------	----	-------	-----	------

Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input type="checkbox"/> No	

14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	23,438.
15a Taxable interest income	15a	
15b Tax exempt interest income. Do not include on line 15a	15b	
16 Dividends	16	
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals		
a Taxable amount received	19a	
b Less New Jersey pension exclusion	19b	
c Subtract line 19b from line 19a	19c	
20 Distributive share of partnership income (see instructions)	20	
21 Net pro rata share of S corporation income (see instructions)	21	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	22	
23 Net gambling winnings	23	
24 Alimony and separate maintenance payments received	24	
25 Other (see instructions)	25	
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	23,438.
27 This line is not used on computer generated returns	27	
28 Other retirement income exclusion (see worksheet and instructions)	28	
29 New Jersey gross income (subtract line 28 from line 26). If \$10,000 or less, see instructions	29	23,438.
30a Exemptions: From line 12a <u>1</u> x \$1,000 = <u>1,000.</u>		
30b From line 12b <u> </u> x \$1,500 = <u> </u>		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30c	1,000.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	
32 Alimony and separate maintenance payments	32	
33 Total exemptions and deductions (add lines 30c, 31 and 32)	33	1,000.
34 Taxable income (subtract line 33 from line 29). If zero or less, make no entry	34	22,438.
35 Property tax deduction (see instructions)	35	
36 New Jersey Taxable Income (subtract line 35 from line 34). If zero or less, Make No Entry	36	22,438.
37 Tax (from tax tables in the instructions)	37	322.
38 Credit for income taxes paid to other jurisdictions (see instructions)	38	0.
39 Balance of tax (subtract line 38 from line 37)	39	322.
40 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	40	0.
41 Total tax (add line 39 and line 40)	41	322.
42 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	42	371.
43 Property tax credit (see instructions)	43	
44 New Jersey estimated tax payments/credit from 1998 tax return	44	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
45 Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450)	45	
46 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	46	
47 Total payments/credits (add lines 42 through 46)	47	371.
48 If payments (line 47) are less than tax (line 41) enter amount of tax you owe	48	
If you owe tax, you may make a donation by entering an amount on lines 52, 53, 54, 55 and/or 56 and adding this to your check amount.		
49 If payments (line 47) are more than tax (line 41) enter overpayment here and on line 50, page 3	49	49.

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 1999 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (1999)

Page 3

Name TEJADA, CARLOS T	Social Security Number 088-72-7931
---------------------------------	--

Note: An Entry on Lines 51, 52, 53, 54, 55 and/or 56 Will Reduce Your Tax Refund.

50 Amount of overpayment (from line 49, page 2)	50	49
Deductions from overpayment on line 50 which you elect to credit to:		
51 Your 2000 tax	51	
52 The NJ Endangered Wildlife Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	52	
53 NJ Children's Trust Fund to Prevent Child Abuse <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	53	
54 The NJ Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	54	
55 NJ Breast Cancer Research Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	55	
56 U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	56	
57 Total deductions from overpayment (add lines 51 through 56)	57	
58 Refund (amount to be sent to you, line 50 less line 57)	58	49

Schedule 1 - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.
Do not complete this schedule if you claim a credit for taxes paid to other jurisdictions. Complete Schedule A

- 1 Property tax. Enter the property tax you paid in 1999. Renters enter 18% of rent paid in 1999. See instructions 1
 - 2 Property tax deduction. Enter line 1 or \$10,000, whichever is less 2
- Also enter this amount on line 4 below. See instructions.

	Column A	Column B
3 Taxable income (copy from line 34 of your NJ-1040)	3	3
4 Property tax deduction (copy from line 2 of this schedule)	4	4 -0-
5 Taxable income after property tax deduction (subtract line 4 from line 3)	5	5
6 Tax you would pay on line 5 amount (go to Tax Tables or Tax Rate Schedules and enter amount)	6	6
7 Now, subtract line 6, column A, from line 6, column B and enter the result here	7	7

Is this amount \$50 or more?

- ☐ Yes. You receive a greater tax benefit by taking the property tax deduction. Enter the amount of line 4 of this worksheet on line 35 of Form NJ-1040. Make no entry on line 43 of Form NJ-1040 and complete the balance of the return.
- ☐ No. You receive a greater tax benefit by taking the property tax credit. Enter \$50 on line 43 of Form NJ-1040. Make no entry on line 35 of Form NJ-1040 and complete the balance of the return. See instructions.

1999 HR-1040 Homestead Property Tax Rebate Application

7 Were you (and/or your spouse) age 65 or over, blind or disabled as of December 31, 1999? ☐ Yes ☒ No

For information about the property tax deduction/credit see the instructions.

8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions	8	23,438.
9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box <input checked="" type="checkbox"/>	9	19,735.
10 Total gross income (add line 8 and line 9)	10	43,173.

Stop - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

11 Enter your New Jersey residence on Dec 31, 1999 if different than above. If you were not a resident on Dec 31, 1999 enter your last New Jersey residence.

Street Address _____ Municipality _____

12 Check your residency status during 1999: a ☐ Homeowner b ☐ Tenant c ☐ Both

13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.

Block - Lot - Qualifier

14a Did you live at more than one New Jersey residence during the year? ☐ Yes ☐ No

b Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☐ No

c Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☐ No

d Did anyone, other than your spouse occupy and share rent with you for an apartment or other rental dwelling during the year? ☐ Yes ☐ No

Home 15 Total 1999 property taxes you (and your spouse) paid on your principal residence in New Jersey during 1999	15	
Owner 16a Total property taxes paid (Schedule HR-A, Part I, line 5)	16a	
b Number of days as an owner (Schedule HR-A, Part I, line 4)	16b	
17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 1999	17	
Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11)	18a	
b Number of days as a tenant (Schedule HR-A, Part II, line 10)	18b	

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

a Control number 068800		OMB No. 1545-0008	
b Employer's identification number 02-0000000		1 Wages, tips, other compensation 19655.00	
c Employer's name, address, and ZIP code E & E RESTAURANT CORP T/A MCDONALDS 30 BRUNNEN ST ELIZABETH NJ 07208		2 Federal income tax withheld 1649.23	
Employee's social security number 1-6290		3 Social security wages 19655.00	
Employee's name, address, and ZIP code TEJADA IBERIC 128 LIVINGSTON ST ELIZABETH NJ 07208		4 Social security tax withheld 1218.61	
		5 Medicare wages and tips 19655.00	
		6 Medicare tax withheld 285.06	
		7 Social security tips	
		8 Allocated tips	
		9 Advance EIC payment	
		10 Dependent care benefits	
		11 Nonqualified plans	
		12 Benefits included in Box 1	
		13 See Instrs. for Box 13	
		14 Other OT/HC/WD 88.53 J 98.28 PP# GNJ0000788	
		15 Statutory employee Deceased Pension plan Legal rep. Deferred compensation	
16 State Employer's state I.D. No. NJ 223-050-769/000		17 State wages, tips, etc. 19655.00	
		18 State income tax 432.41	
		19 Locality name	
		20 Local wages, tips, etc.	
		21 Local income tax	

write or staple in this space.

OMB No. 1545-0085

Security Number

1-6290

Social Security Number

Important!

You must enter your SSN(s) above.

Checking 'Yes' will not e your tax or reduce refund.

a child but not your

Department of the Treasury—Internal Revenue Service

W-2 Wage and Tax Statement 1999

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

if
ing
for
tax
dit

No. of boxes checked on 5a and 5b

1

No. of your children on 6c who:
• lived with you

2

• did not live with you due to divorce or separation

Dependents on 6c not entered above

Add numbers entered on lines above

3

d Total number of exemptions claimed

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not staple, any payment.

Adjusted gross income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,735
8a Taxable interest. Attach Schedule 1 if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule 1 if required	9	
10a Total IRA distributions	10a	
10b Taxable amount	10b	
11a Total pensions and annuities	11a	
11b Taxable amount	11b	
12 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends	12	
13a Social security benefits	13a	
13b Taxable amount	13b	
14 Add lines 7 through 13b (far right column). This is your total income	14	19,735
15 IRA deduction (see instructions)	15	
16 Student loan interest deduction (see instructions)	16	
17 Add lines 15 and 16. These are your total adjustments	17	
18 Subtract line 17 from line 14. This is your adjusted gross income	18	19,735

Form 1040A (1999)

BAA For Paperwork Reduction Act Notice, see instructions.

153-04-6290

INGRID TEJADA

Form 1040A (1999)

Page 2

Taxable income

19 Enter the amount from line 18 19 19,735.

20 a Check if: ☐ You were 65 or older ☐ Spouse was 65 or older ☐ Blind ☐ Blind Enter number of boxes checked ... 20 a ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 20 b ☐

21 Enter the **standard deduction** for your filing status. But see instructions if you checked any box on line 20a or 20b or if someone can claim you as a dependent.
 • Single - \$4,300 • Married filing jointly or Qualifying widow(or) - \$7,200 21 6,350.
 • Head of household - \$6,350 • Married filing separately - \$3,600 22 13,385.

22 Subtract line 21 from line 19. If line 21 is more than line 19, enter 0 23 8,250.

23 Multiply \$2,750 by the total number of exemptions claimed on line 6d 24 5,135.

24 Subtract line 23 from line 22. If line 23 is more than line 22, enter 0. This is your **taxable income** 25 769.

Tax, credits, and payments

25 Find the tax on the amount on line 24 (see instructions) 26

26 Credit for child and dependent care expenses. Attach Schedule 2 27

27 Credit for the elderly or the disabled. Attach Schedule 3 28 769.

28 Child tax credit (see instructions) 29

29 Education credits. Attach Form 8863 30

30 Adoption credit. Attach Form 8839 31 769.

31 Add lines 26 through 30. These are your **total credits** 32 0.

32 Subtract line 31 from line 25. If line 31 is more than line 25, enter 0 33

33 Advance earned income credit payments from Form(s) W-2 34 0.

34 Add lines 32 and 33. This is your **total tax** 35 1,650.

35 Total federal income tax withheld from Forms W-2 and 1099 36

36 1999 estimated tax payments and amount applied from 1998 return 37 a 2,286.

37 a **Earned income credit.** Attach Schedule EIC if you have a qualifying child 38

b Nontaxable earned income: amount, _____ and type _____

38 Additional child tax credit. Attach Form 8812 39 3,936.

39 Add lines 35, 36, 37a and 38. These are your **total payments** 40 3,936.

Refund

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid** 41 a 3,936.

41 a Amount of line 40 you want **refunded to you** b Routing number _____ c Type: ☐ Checking ☐ Savings

d Account number _____

42 Amount of line 40 you want **applied to your 2000 estimated tax** 43

Amount you owe

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe**. For details on how to pay, see instructions 44

44 **Estimated tax penalty** (see instructions) 45

Sign Here

Joint return? See instructions. ▶

Keep a copy for your records.

Your Signature

Date

Your Occupation

Daytime Telephone Number (optional)

LABORER

Spouse's Signature. If Joint Return, Both Must Sign.

Date

Spouse's Occupation

Date

04/01/2000

Check if self-employed ☐

Preparer's SSN or PTIN

146-68-6515

Paid Preparer's Use Only

Preparer's Signature

Firm's Name (or yours if self-employed) and Address

JOSE L. NIVAR & CO.
 30 SOUTH REID STREET
 ELIZABETH

EIN 22-3527223

NJ

ZIP Code 07201

Form 1040A (1999)

Schedule EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service

Name(s) Shown on Return

INGRID TEJADA

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0041

1999
43

Your Social Security Number

153-04-6290

Before you begin:

See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to make sure that
(1) you can take the EIC and (2) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

Qualifying Child Information

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	QUIRA	J TEJADA	GLORIA NAYELY	TEJEDA
2 Child's year of birth	Year <u>1995</u> If born after 1980, skip lines 3a and 3b; go to line 4.		Year <u>1999</u> If born after 1980, skip lines 3a and 3b; go to line 4.	
3 If the child was born before 1981 —				
a Was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue		<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue	
b Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
4 Child's social security number (SSN) The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate.	<u>146-98-4509</u>		<u>150-06-1386</u>	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc)	<u>Daughter</u>		<u>Daughter</u>	
6 Number of months child lived with you in the United States during 1999 • If the child lived with you for more than half of 1999 but less than 7 months, enter '7'. • If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter '12'.	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

Do you want part of the EIC added to your take-home pay in 2000? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 1999

NJ-1040/
HR-1040
1999State of New Jersey Income Tax — Resident Return
Homestead Rebate ApplicationFor Privacy Act Notification, see instructions
For tax year Jan - Dec 1999 or other tax year

beginning _____, 1999, month ending _____

This is Page 1 of Your 1999 NJ-1040/HR-1040. It Must
be Filed in Order for Your Return to be Processed

04

Name
and
Address153-04-6290
TEJADA INGRID

TEJA

2004

426 FULTON STREET APT 2
ELIZABETH

NJ 07206

For Computerized Use Only. Do Not Write in This Block.

001	00	014	19735	037	220	008	19735
EXT	0	15a	0	038	0	009	0
FS	4	15b	0	040	0	MS	0
006	1	016	0	041	220	010	19735
007	0	017	0	042	434	012	2
008	0	018	0	043	0	13B	0
009	2	19a	0	044	0	13L	0
010	0	19b	0	045	0	13Q	0
011	0	19c	0	046	0	14a	2
12a	1	020	0	047	434	14b	2
12b	2	021	0	048	0	14c	2
13F	000000	022	0	049	214	14d	2
13T	000000	023	0	051	0	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22C	0	026	19735	054	0	017	4800
22I	0	028	0	055	0	18a	0
PA	0	30c	4000	056	0	18b	0
		031	0	057	0		
		032	0	058	214		
		035	0				
		036	15735				

Filing Status

1 ☐ Single 2 ☐ Married, filing joint return 3 ☐ Married, filing separate return 4 ☒ Head of Household 5 ☐ Qualifying Widow(er)

Exemptions

6 Regular	1	10 Number of other dependents	
7 Age 65 or over		11 Dependents attending colleges	
8 Blind or disabled		12 Totals (line 12a — add lines 6, 7, 8 and 11)	1
9 Number of qualified dependent children	2	(line 12b — add lines 9 and 10)	2

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 48 in full. Write social security number on check or money order and make payable to:

State of New Jersey — TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation Revenue
Processing Center, P.O. Box 111,
Trenton, NJ 08645-0111If Refund:
NJ Division of Taxation, Revenue
Processing Center, P.O. Box 555,
Trenton, NJ 08647-0555

NJIA0101 12/07/99

Your Signature

Date

Spouse's Signature (If filing jointly, both must sign)

Be Sure to File This Form as Page 1 of Your 1999 NJ-1040/HR-1040.

Paid Preparer's Signature

Federal Identification Number

04/01/00

146-68-6515

Firm's Name

Federal Employer Identification Number

JOSE L. NIVAR & CO.

22-3527223

Form NJ-1040/HR-1040 (1999)

Page 2

Name TEJADA, INGRID	Social Security Number 153-04-6290
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Residency Status **13** If you were a New Jersey resident for **only** part of the taxable year, give the period of New Jersey residency: From **Month Day Year** to **Month Day Year**

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? ☒ Yes ☐ No
If joint return, does your spouse wish to designate \$1? ☒ Yes ☐ No

14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	19,735.
15a Taxable interest income	15a	
15b Tax exempt interest income. Do not include on line 15a	15b	
16 Dividends	16	
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals		
a Taxable amount received	19a	
b Less New Jersey pension exclusion	19b	
c Subtract line 19b from line 19a	19c	
20 Distributive share of partnership income (see instructions)	20	
21 Net pro rata share of S corporation income (see instructions)	21	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	22	
23 Net gambling winnings	23	
24 Alimony and separate maintenance payments received	24	
25 Other (see instructions)	25	
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	19,735.
27 This line is not used on computer generated returns	27	
28 Other retirement income exclusion (see worksheet and instructions)	28	
29 New Jersey gross income (subtract line 28 from line 26). If \$10,000 or less, see instructions	29	19,735.
30a Exemptions: From line 12a <u>1</u> x \$1,000 = <u>1,000.</u>		
30b From line 12b <u>2</u> x \$1,500 = <u>3,000.</u>		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30c	4,000.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	
32 Alimony and separate maintenance payments	32	
33 Total exemptions and deductions (add lines 30c, 31 and 32)	33	4,000.
34 Taxable income (subtract line 33 from line 29). If zero or less, make no entry	34	15,735.
35 Property tax deduction (see instructions)	35	
36 New Jersey Taxable Income (subtract line 35 from line 34). If zero or less, Make No Entry	36	15,735.
37 Tax (from tax tables in the instructions)	37	220.
38 Credit for income taxes paid to other jurisdictions (see instructions)	38	0.
39 Balance of tax (subtract line 38 from line 37)	39	220.
40 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	40	0.
41 Total tax (add line 39 and line 40)	41	220.
42 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	42	434.
43 Property tax credit (see instructions)	43	
44 New Jersey estimated tax payments/credit from 1998 tax return	44	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
45 Excess New Jersey UI/HO/WD withheld (see instructions) (enclose Form NJ-2450)	45	
46 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	46	
47 Total payments/credits (add lines 42 through 46)	47	434.
48 If payments (line 47) are less than tax (line 41) enter amount of tax you owe	48	
If you owe tax, you may make a donation by entering an amount on lines 52, 53, 54, 55 and/or 56 and adding this to your check amount.		
49 If payments (line 47) are more than tax (line 41) enter overpayment here and on line 50, page 3	49	214.

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 1999 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (1999)

Page 3

Name TEJADA, INGRID	Social Security Number 153-04-6290
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Note: An Entry on Lines 51, 52, 53, 54, 55 and/or 56 Will Reduce Your Tax Refund.

50 Amount of overpayment (from line 49, page 2)	50	214
Deductions from overpayment on line 50 which you elect to credit to:		
51 Your 2000 tax	51	
52 The NJ Endangered Wildlife Fund	52	
53 NJ Children's Trust Fund to Prevent Child Abuse	53	
54 The NJ Vietnam Veterans' Memorial Fund	54	
55 NJ Breast Cancer Research Fund	55	
56 U.S.S. New Jersey Educational Museum Fund	56	
57 Total deductions from overpayment (add lines 51 through 56)	57	
58 Refund (amount to be sent to you, line 50 less line 57)	58	214

Schedule 1 - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. Do not complete this schedule if you claim a credit for taxes paid to other jurisdictions. Complete Schedule A.

1 Property tax. Enter the property tax you paid in 1999. Renters enter 18% of rent paid in 1999. See instructions	1																									
2 Property tax deduction. Enter line 1 or \$10,000, whichever is less	2																									
Also enter this amount on line 4 below. See instructions.																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Column A</th> <th colspan="2" style="text-align: center;">Column B</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">3</td> <td style="width: 40%;"></td> <td style="width: 5%;">3</td> <td style="width: 50%;"></td> </tr> <tr> <td>4</td> <td></td> <td>4</td> <td style="text-align: center;">-0-</td> </tr> <tr> <td>5</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td></td> <td>7</td> <td></td> </tr> </tbody> </table>			Column A		Column B		3		3		4		4	-0-	5		5		6		6		7		7	
Column A		Column B																								
3		3																								
4		4	-0-																							
5		5																								
6		6																								
7		7																								
3 Taxable income (copy from line 34 of your NJ-1040)	3																									
4 Property tax deduction (copy from line 2 of this schedule)	4																									
5 Taxable income after property tax deduction (subtract line 4 from line 3)	5																									
6 Tax you would pay on line 5 amount (go to Tax Tables or Tax Rate Schedules and enter amount)	6																									
7 Now, subtract line 6, column A, from line 6, column B and enter the result here	7																									

Is this amount \$50 or more?

- ☐ Yes. You receive a greater tax benefit by taking the property tax deduction. Enter the amount of line 4 of this worksheet on line 35 of Form NJ-1040. Make no entry on line 43 of Form NJ-1040 and complete the balance of the return.
- ☐ No. You receive a greater tax benefit by taking the property tax credit. Enter \$50 on line 43 of Form NJ-1040. Make no entry on line 35 of Form NJ-1040 and complete the balance of the return. See instructions.

1999 HR-1040 Homestead Property Tax Rebate Application

7 Were you (and/or your spouse) age 65 or over, blind or disabled as of December 31, 1999? ☐ Yes ☒ No
 For information about the property tax deduction/credit see the instructions.

8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions

9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box ☐

10 Total gross income (add line 8 and line 9)

Stop - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

11 Enter your New Jersey residence on Dec 31, 1999 if different than above. If you were not a resident on Dec 31, 1999 enter your last New Jersey residence.
 Street Address _____ Municipality _____

12 Check your residency status during 1999: a ☐ Homeowner b ☒ Tenant c ☐ Both

13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.
 Block _____ Lot _____ Qualifier _____

14a Did you live at more than one New Jersey residence during the year? ☐ Yes ☒ No

b Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☒ No

c Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☒ No

d Did anyone, other than your spouse occupy and share rent with you for an apartment or other rental dwelling during the year? ☐ Yes ☒ No

Home Owner 15 Total 1999 property taxes you (and your spouse) paid on your principal residence in New Jersey during 1999

16a Total property taxes paid (Schedule HR-A, Part I, line 5)

b Number of days as an owner (Schedule HR-A, Part I, line 4)

17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 1999

Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11)

b Number of days as a tenant (Schedule HR-A, Part II, line 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

☐ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER (if applicable), COUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

BANCO POPULAR
ACCT. NO.:
02001038125
ACC. NO.:
0200708001611

☐ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.

Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☐ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor _____

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§152 and 3571.

3076 SA 6/1991 JAMES BLUMBERG, Inc.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
 2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
 a. *Property to Be Surrendered.*

Description of property	Creditor's name	H, U or J
-------------------------	-----------------	-----------

NONE

- b. *Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)*

Description of property	Creditor's name	Reaff'd Red'd Exempt
ACCT. NO.: 02001038125, BANCO POLULAR		EXEMPT
ACCT. NO.: 0200708001611, BANCO POPULAR		EXEMPT
MASDA MPD 2000		EXEMPT
CLOTHING		EXEMPT
Tax refund		Exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

Carlos Tejada
 Signature of Debtor

* Reaff'd - Debt will be reaffirmed pursuant to § 524(c)

Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722

Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

Ingrid Tejada
 Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ _____ weekly — bi-weekly — semi-monthly — monthly for a period of _____

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: _____

Debtor

Debtor

Acceptances may be mailed to _____

Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re CARLOS TEJADA & INGRID TEJADA Debtor(s)

Case No.

(If Known)

STATEMENT

Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 750.00
 - (c) the unpaid balance due and payable is \$ 0.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

NONE

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

NONE

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

NONE

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

PHILIP E. DI GIOVANNI, ESQ., FOR SUPPORT SERVICES AND OFFICE USE

Dated:

Respectfully submitted,

Attorney for Petitioner

Attorney's name and address: c/o PHILIP E. DI GIOVANNI, ESQ., 315 RAHWAY AVENUE, ELIZABETH, NEW JERSEY 07202

WACHOVIA

H 18828 9

Closing Date	Card Number(s)	New Balance	Minimum Payment	Payment Date	Amount Enclosed
080601	5467 1050 0723 2269	422445	59842	NOW DUE	\$

Make check payable to Wachovia.

YOU MAY AVOID ADDITIONAL FINANCE CHARGES ON PURCHASES
BY PAYING THE NEW BALANCE BY PAYMENT DATE.

☐ Check box at left and indicate new address
and/or phone number on back.



CARLOS TEJADA
INRID R TEJADA
710 MURRAY ST
ELIZABETH NJ 07202-2206

POST OFFICE BOX 15515
WILMINGTON DE 19886-5515

54671050072322697 040422445005984237

Please detach here and return top portion with your payment. Do not staple or clip your check to the form.

Closing Date	Card Number(s)	Credit Limit	Rate Option	Payment Date
080601	5467 1050 0723 2269	4000	*PERIODIC RATE MAY VARY	NOW DUE

Reference Number	Posting Date	Transaction Date	Description	Amount
----- PAYMENTS, ADJUSTMENTS AND OTHERS -----				
074327001190000710200006	7 09	7 06		29 00CR
074327001190000720000008	7 09	7 06	FINANCE CHARGE CREDIT	05CR
74118161218000218061002	8 06	8 06	OVERLIMIT FEE	29 00
074327001190748187008043	7 09	7 06	PAYMENT RECEIVED, THANK YOU	80 00CR
74118161218000218062000	8 06	8 06	LATE FEE	29 00
* * * * *				
THIS NOTICE IS TO INFORM YOU THAT CREDIT CARD ACCOUNTS FORMERLY ISSUED AND SERVICED BY THE FIRST NATIONAL BANK OF ATLANTA, D/B/A WACHOVIA BANKCARD SERVICES HAVE BEEN TRANSFERRED TO AND ARE ISSUED BY FIRST USA BANK, N.A. LOCATED IN WILMINGTON, DELAWARE.				
* * * * *				
WE HAVE RECEIVED YOUR RECENT PAYMENT. CONTINUED PAYMENTS ARE NECESSARY TO AVOID FURTHER ACTION. OUR CREDIT CARDS SHOULD BE CUT IN HALF AND RETURNED IF YOU HAVE NOT ALREADY DONE SO. FOR ASSISTANCE PLEASE CALL 1-888-847-7104.				
* * * * *				
YOUR ACCOUNT IS THREE MONTHS PAST DUE. CHARGE PRIVILEGES ARE CANCELLED. PLEASE RETURN OUR CREDIT CARD (S), CUT IN HALF, ALONG WITH YOUR PAYMENT IMMEDIATELY. IF YOU ARE UNABLE TO DO SO, PLEASE CALL OUR OFFICE AT 1-800-241-1840.				

Account Activity Summary	Previous Balance	Purchases, Advances & Other Charges	ITEMIZED FINANCE CHARGES		Late Charges	Payments	Credits	New Balance
			Periodic Rate Charge	Cash Adv. Charge				
	419497	2900	8053		2900	8000	2905	422445

Balance Type	Average Daily Balance	Daily Periodic Rate	Corresp. Annual Percent. Rate	Periodic Rate Charge	
PURCHASES	412475	.062986% *	22.99%	8053	Amount Past Due 44042
CASH ADVANCES	100	.062986% *	22.99%	00	Minimum Payment Due 59842
					ANNUAL PERCENTAGE RATE 22.98
					Days in Billing Cycle 31

24 Hour Customer Service
1-800-241-7990

WACHOVIA

Please See Reverse For Important Information

Converted from ECM (10535671) Page 58 of 69

Retailers National Bank and Finance Co.

9-015-917-037-90

20.00

514.48 \$



CHECK HERE to enter
the win!win!win! sweepstakes
ENTER YOUR E-MAIL ADDRESS BELOW

ADDRESS

CITY ST ZIP

PHONE #

PLEASE INDICATE ANY
ADDRESSES OR PHONE #
CHANGES ABOVE

RETAILERS NATIONAL BANK
P.O. BOX 59231
MINNEAPOLIS, MN 55459-0231



AAST03 00159016

BILLING DATE
August 3, 2001

CARLOS T TEJADA
710 MURRAY ST APT 1
ELIZABETH, NJ 07202-2206



Page 1 of 1

3000200000514489001591703791

MAIL THIS PORTION WITH YOUR PAYMENT

MAIL PAYMENT BY	TO ENSURE IT IS RECEIVED BY	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT
08-29-01	09-03-01	9-015-917-037-90	\$800	\$286
BILLING DATE		ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT
08-03-01				

Date	Reference	Dept	Store	Description	Amount
Jul 6	871002900370			17-Electronic Payment	20.00-

Payments on your account are to be made through your Consumer Credit Counseling Service office. As long as you keep the arrangement you agreed upon with the CCCS and Guest Credit Collections, your account will not be assessed late fees or finance charges and will not become further past due. If you are unable to keep these payment arrangements, it is extremely important that you contact your CCCS office.

Target School Fundraising Donations Exceed \$41.8 Million

Thank you for participating in the Target School Fundraising Program. Target donations for schools are **more than \$41.8 million** from Target Guest Card purchases. Each time you use your Target Guest Card, you are helping **Christopher Columbus School 15**.

ACCOUNT	PREVIOUS BALANCE	CHARGES	PAYMENTS/CREDITS (C/R)	FINANCE CHARGES	NEW BALANCE
90-TARGET	\$534.48	\$0.00	\$20.00	\$0.00	\$514.48
ACCOUNT	ANNUAL PERCENTAGE RATE	PERIODIC RATE	COMPUTED ON THE AVG DAILY BALANCE	AMOUNT PAID DUE	MINIMUM DUE INCLUDES ANY PAST DUE
90-TARGET	21.0%	0.05753%	\$0.00		\$20.00



CHASE

Continental Airlines



Converted from ECM (10535671)

ACCOUNT NUMBER: 4022 9701 2003 9987

Page 59 of 69

PAYMENT DUE DATE
09/02/01NEW BALANCE
\$3,784.86MINIMUM DUE
\$156.00Enter Amount Enclosed in Boxes Below
\$
Please make check or money order payable to
CHASL VISAPrint
change of
address
and
telephone
number:

New Address: _____

Telephone: () _____

CARLOS T TEJADA
/10 MURRAY ST
1

003008

ELIZABETH NJ 07202-2206

P.O. BOX 15583

WILMINGTON DE 19886-1194

402297012003998700378486000156009100306

Please detach at perforation and return with your payment.



CHASE

Continental Airlines

Continental Airlines Visa® card from Chase
ACCOUNT NUMBER: 4022 9701 2003 9987

NEW BALANCE \$3,784.86	PAYMENT DUE DATE 09/02/01	STATEMENT CLOSING DATE 08/08/01	DAYS IN BILLING CYCLE 30
TOTAL CREDIT LINE \$4,000	TOTAL AVAILABLE CREDIT \$0	CASH ACCESS LINE \$4,000	AVAILABLE CASH \$0

ONEPASS® MILEAGE SUMMARY	
Miles Earned This Statement	Total Miles Earned Since 06/99
0	9,938

Here is your Account Summary:

	TOTAL
Previous Balance	\$3766.24
(-) Payments, Credits	0.00
(+) Purchases, Cash, Debits	0.00
(+) FINANCE CHARGES	18.62
(=) New Balance	3784.86
Minimum Due	78.00
Past Due - Pay Immediately	78.00
Minimum Payment Due	\$156.00

Your charges and credits at a glance:

TRAN. DATE	POST DATE	REF. NO.	DESCRIPTION OF TRANSACTIONS	CREDITS	CHARGES
No activity this billing period.					
Total of your credits and charges				0.00	0.00
IN PLACE OF THE PURCHASES GRACE PERIOD DESCRIBED UNDER "PURCHASES GRACE PERIOD" SECTION OF THIS STATEMENT, PAY THE NEW BALANCE (LESS ANY CASH ADVANCE BALANCE) IN FULL ON OR BEFORE THE PAYMENT DUE DATE TO AVOID ADDITIONAL FINANCE CHARGES ON PURCHASES.					

Here's how we determined your Finance Charge*:

	DAILY PERIODIC RATE	AVERAGE DAILY BALANCE	PERIODIC / MIN. FINANCE CHARGE	TOTAL FINANCE CHARGE	NOMINAL ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE
Purchases	0.01644%	\$3670.28	\$18.10	\$18.10	6.00%	6.00%
Cash	0.01644%	\$104.94	\$0.52	\$0.52	6.00%	6.00%

* Please see reverse side for balance computation method and other important information.



Questions about your account? Credit Card lost or stolen? Call a Chase Representative, toll-free, at 1-800-334-6350 or write PO Box 15919, Wilmington, DE 19850-5919.
Para Servicio al Cliente en Español: 1-800-545-0464.



S-01 J-2416 P-05124 A-003008 T-1 J-2 P-FC 02-1

DISCOVER

Converted from 6011 0013 6060 5598

minimum payment due
\$21.00

\$

Please make check payable to Discover Card
or pay online @ Discovercard.com.

|||||

B044633
INGRID TIGADA
710 MURRAY ST APT 1
ELIZABETH NJ 07202-2206Great Balance Transfer rates!
Call 1-800-DISCOVER to see if an
offer is available for you.PO BOX 15251
WILMINGTON DE 19886-5251

|||||

Address or telephone change? Please print change in the space above.

000006011001360605598011165700021000002100

**Cashback
Bonus[®]
award**

Closing Date: July 27, 2001

page 1 of 1

Cashback Bonus [®] Award	this period	to date
Qualified Purchases	~ \$0.00	\$125.01
Cashback Bonus award earned	\$0.00	\$0.31
Cashback Bonus anniversary date: October 27		

Discover Card Account Summary

account number	6011 0013 6060 5598
payment due date	August 26, 2001
minimum payment due	\$21.00
credit limit	\$1,200.00
credit available	\$0.00
cash credit limit	\$600.00
cash credit available	\$0.00

previous balance	\$1,128.46
payments and credits	- 21.00
purchases	+ 0.00
cash advances	+ 0.00
balance transfers	+ 0.00
FINANCE CHARGES	+ 9.11
new balance	= \$1,116.57

You may be able to avoid Periodic Finance Charges, see the reverse side for details.

Transactions

	trans. date	post date		
Payments and Credits	Jul 9	Jul 9	PAYMENT - THANK YOU	\$ -21.00

Updated Feature Makes Online Account Center More Convenient. We've made the Account Center at Discovercard.com even more convenient! Now you can view your statement summaries from the past 12 months - instead of only 6. And you still can view, sort and download that information into financial software. Visit Discovercard.com today.

	Average Daily Balances	Daily Periodic Rates	ANNUAL PERCENTAGE RATES	Periodic FINANCE CHARGES	Transaction Fee FINANCE CHARGES	Rate Plan
current billing period: 30 days						
Purchases	\$1119.58	0.02712%	9.90%	\$9.11	none	fixed
Cash Advances	\$0	0.02712%	9.90%	\$0	\$0	fixed

Questions? Call 1-800-DISCOVER (1-800-347-2583) or log on to Discovercard.com. For TDD (Telecommunication Device for the Deaf) assistance, see reverse side. Send billing error notice to: Discover Card: P.O. Box 15162, Wilmington, DE 19850-5192.



Associates Credit Card Services, Inc.

PO Box 9014
Des Moines, IA 50368-9014

554-555-220-9

AUGUST 3, 2001

CARLOS T TEGADA
APT 1
710 MURRAY ST
ELIZABETH NJ 07202-2206
|||||

Minimum Payment \$58.95
Full Payment \$248.95

Dear Customer:

Your business is important to us; however, a portion of
your balance is past due, and account privileges have
been suspended.

If you are unable to submit payment, please call us
at 1-800-554-4695 to make payment arrangements.

Thank you.

Consumer card owned by Associates National Bank(Delaware)
Commercial card owned by Associates Capital Bank

Very truly yours,

C. MULVIHILL
CREDIT CARD COLLECTIONS

CXM:dgb

A01103-A


Sears Card

Converted from ECM (10535671) Page 62 of 89

ACCOUNT STATEMENT


 CARLOS T TEGADA
 710 MURRAY ST APT 1
 ELIZABETH NJ 07202-2206

0010816


 PAYMENT CENTER
 PO BOX 182149
 COLUMBUS OH 43218-2149

Account Number:	11 50025 15775 3
Billing Cycle Closing Date	08/02/01
Minimum Payment Due Date	08/30/01
Total Account Balance	\$59.25
Minimum Payment Due	\$0.00

Amount Enclosed

Make checks payable to Sears National Bank
and include your account number on the check.

☐ Address change? Check box. Print new address and telephone on the back of statement.

P1150025157753 5925 2500

SEARS CARD ACCOUNT NUMBER: 11 50025 15775 3

1 OF 1

REGULAR TRANSACTIONS			
Trans Date	Post Date	Description	Charges/Credits
07-06	07-07	PAYMENT - THANK YOU	- \$25.00

ACCOUNT SUMMARY						
Total Credit Limit	Total Credit Available	Billing Cycle Closing Date	Days In Billing Period	Minimum Payment Due Date	Minimum Payment Due	
\$0.00	\$0.00	08/02/01	31	08/30/01	\$0.00	
Previous Balance	Payments And Credits	Purchases And Debits	Other Charges	Total FINANCE CHARGES	Total Account Balance	
\$83.16	\$25.00	\$0.00	\$0.00	\$1.09	\$59.25	
Purchase Type	Amount	Promo. End Date	ANNUAL PERCENTAGE RATE	Average Daily Balance	Periodic Rate (M) Monthly (D) Daily	FINANCE CHARGE (M) Minimum (P) Periodic
Regular	\$59.25	N/A	21.00%	\$61.12	0.0576% (D)	\$1.09 (P)

NOTICE: See reverse side for Important information.

For customer service or to report your card lost or stolen, call 1-800-917-7700, M-8 9AM-9PM, SUN 10AM-6PM.

Mail Billing Error Notices to PO BOX 818017 CLEVELAND OH 44181-8017

Sears Premier Card

ACCOUNT STATEMENT

INGRID R TEJADA
710 MURRAY ST APT STREE
ELIZABETH NJ 07202-2206

0010796

PAYMENT CENTER
PO BOX 182149
COLUMBUS OH 43218-2149

Account Number: 11 50006 47209 8

Billing Cycle Closing Date 07/24/01
Minimum Payment Due Date 08/21/01
Total Account Balance \$1,011.62

Minimum Payment Due \$7.58

Amount Enclosed

Make checks payable to Sears National Bank
and include your account number on the check.

☐ Address change? Check box. Print new address and telephone on the back of statement.

P1150006472098

101162 758 2500

SEARS PREMIER CARD ACCOUNT NUMBER: 11 50006 47209 8

1 OF 1

HOW DO YOU KEEP YOUR SEARS PREMIER CARD BENEFITS? EASY...JUST SPEND \$600 ANNUALLY ON YOUR PREMIER CARD.

A NOSTALGIC WAY TO LISTEN TO THE MUSIC OF YESTERDAY AND TODAY. THIS UNIQUE ALL-IN-ONE TURNTABLE/CASSETTE PLAYER/CD PLAYER BRINGS OLD-TIME CHARM INTO THE NEW MILLENNIUM. FILL YOUR HOME WITH BEAUTIFUL MUSIC AND MEMORIES. SEE INSIDE FOR DETAILS.

PLANNING A SUMMER VACATION? LET SEARSPHOTOS.COM DEVELOP YOUR FILM AND GET A SET OF 3.5X6 OR 4X6 PRINTS FOR \$3.99 A ROLL! GO TO WWW.SEARSPHOTOS.COM AND ORDER A MAILER TODAY. UPLOAD YOUR DIGITAL MEMORIES, THEN USE PROMO CODE JN6264 TO ORDER PRINTS ON-LINE FOR \$0.39 EACH.

REGULAR TRANSACTIONS			
Trans Date	Post Date	Description	Charges/Credits
07-06	07-07	PAYMENT - THANK YOU	
07-24	07-24	CREDIT PROTECTION PLAN/1-800-366-2286	- \$25.00 \$7.58

ACCOUNT SUMMARY						
Total Credit Limit	Total Credit Available	Billing Cycle Closing Date	Days In Billing Period	Minimum Payment Due Date	Minimum Payment Due	
\$1,260.00	\$248.38	07/24/01	30	08/21/01	\$7.58	
Previous Balance	Payments And Credits	Purchases And Debits	Other Charges	Total FINANCE CHARGES	Total Account Balance	
\$1,010.13	\$25.00	\$7.58	\$0.00	\$18.91	\$1,011.62	
Purchase Type	Amount	Promo. End Date	ANNUAL PERCENTAGE RATE	Average Daily Balance	Periodic Rate (M) Monthly (D) Daily	FINANCE CHARGE (M) Minimum (P) Periodic
Regular	\$1,011.62	N/A	22.90%	\$1,003.45	0.0628% (D)	\$18.91 (P)

NOTICE: See reverse side for important information.

For customer service or to report your card lost or stolen, call 1-800-917-7700, M-S 9AM-9PM, SUN 10AM-6PM.
Mail Billing Error Notices to PO BOX 818017 CLEVELAND OH 44181-8017

ACCOUNT NUMBER
 4479-4127-2440-6153

BALANCE AS
 OF 07/23/01 \$1,651.24

DUE DATE
 AUG 17, 2001

MINIMUM
 PAYMENT \$50.00

AMOUNT ENCLOSED

\$

☐ Indicate change of address on back

Make Checks Payable to
 Providian

VISA



VISA
 PO BOX 660786
 DALLAS TX 75268-0786

Please be sure
 this address appears
 in the window.



INGRID R TEJADA
 CARLOS T TEJADA
 710 MURRAY ST
 ELIZABETH NJ 07202-2206

Page 1 of 1
 P024118

44794127244061530005000016512400000

Your account is issued by Providian National Bank, Tilton, NH.

MESSAGES FROM VISA

DETACH HERE

You have been rewarded for making purchases!
 Points earned this month: 104
 Total Points: 9284*

*May not include recent adjustments such as redemptions or recent purchases.

We are pleased to support the kNow Fraud campaign. If you feel you've been a
 victim of ID theft or you want more information, call toll-free 1-877-IDTHEFT

Enjoy hot Summer Savings when you use your Providian VISA(R) card!
 Offers include Champs Sports(R), Pearle Vision(R), Radisson Hotels(R), and
 Hertz(R). Please see enclosed VISA REWARDS insert for details.

Pay your Providian bill online. It's quick, convenient, and no stamps are required!
 Visit www.providian.com today

TRANSACTIONS

Date	Description	Amount
06-21	PAYLESSSHOESOU00028159 ELIZABETH NJ	47.53
06-21	SHOPPERS WORLD ELIZABETH NJ	56.89
07-16	PAYMENT RECEIVED -- THANK YOU	50.00 PY
07-23	MONTHLY FEE	7.95

** AVAILABLE CREDIT

** Your Total Available Credit is \$58.76

** \$58.76 of your Available Credit can be accessed for Cash Advances.

** The portion of your credit line that can be used for Cash Advances is limited to \$1,710.00.

FOR BILLING ERRORS AND IMPORTANT INFORMATION, SEE REVERSE SIDE.

ACCOUNT SUMMARY

Previous Balance	\$1,659.62
- Credits	.00
- Payments	50.00
+ Purchases & other Charges	112.37
+ Cash Advances	.00
+ FINANCE CHARGE:	
On Balances	29.25
+ Late Charge	.00
= NEW BALANCE	\$1,651.24

STATEMENT DATE

Number of Days in Billing Cycle

07/23/01
 32

Average

Purchase Cash Advance

Daily Balance

\$1,668.91

\$0.00

ANNUAL

PERCENTAGE RATE

19.99%*

21.49%*

Daily Periodic Rate .054767%*

.058877%*

PAYMENT INFORMATION

Account Number 4479 4127 2440 6153

Credit Line ** \$1,710

Available Credit *** \$58.76

Minimum Payment Due \$50.00

Payment Due Date 08/17/01

000305600 3985 3985

*These rates may vary.



YOU OWE
WACHOVIA BANK

PO BOX 27254
KNOXVILLE, TN 37927
RETURN SERVICE REQUESTED
AUGUST 10, 2001

ACCOUNT NUMBER

4118165007232269

BALANCE DUE STATEMENT

USE ENCLOSED ENVELOPE AND SEND PAYMENT TO:



4118165007232269-0565-11
CARLOS TEJADA
710 MURRAY ST

PO Box 15256
Wilmington DE 19886-5256

ELIZABETH NJ 07202-2206

1-800-564-9164

PLEASE DETACH AND RETURN UPPER PORTION OF STATEMENT WITH PAYMENT.

Dear Carlos Tejada:

Your account with the above mentioned client has been referred to us for collection.

By this time you must realize that you are seriously delinquent.

Your current balance is \$4,224.45. Please remit the past due portion of your balance in the amount of \$440.42 promptly to avoid further collection activity. Please include this letter to assure proper credit of your payment to your account.

Please make your check payable to "WACHOVIA BANK CARD SERVICES". If you have any questions please call



FNANB
P.O. BOX 42336
RICHMOND, VA 23242-2336

FIRST NORTH AMERICAN NATIONAL BANK
P.O. BOX 17059
WILMINGTON, DE 19886-7059

CARLOS T TEGADA
710 MURRAY ST APT 1
ELIZABETH NJ 07202-2206

40535594002740340000204170004023177



060801 Statement

ACCOUNT # 4053 5594 0027 4034

NEW BALANCE \$4,023.17

PAYMENT DUE DATE 07/03/01

MINIMUM PAYMENT DUE \$204.17



MAKE CHECKS PAYABLE TO FNANB

P0016082

AMOUNT ENCLOSED

PLEASE INDICATE ANY CHANGE TO ADDRESS OR TELEPHONE BELOW

Street Address

Home Telephone

City-State-Zip

Business Telephone

Detach Here

St. Elizabeth Hospital
225 Williamson Street
Elizabeth NJ 07207
Fed Id# 22-1500601
Correspondence Address

Doc 1 Filed 01/17/02 Entered 01/17/02 13:16:00
Converted from ECM (10535671) Page 67 of 69

Patient Name	Account #	Statement Date
TEJADA, QUIRA	61436341	07/17/01
Admit Type	Discharge Date	Amount Due
CLINIC	03/31/01	204.00

Remit Payment To:

2038 11 Forwarding Service Requested

TEJADA, CARLOS
426 FULTON ST
ELIZABETH NJ 07206-1220

ST. ELIZABETH HOSPITAL
P.O. BOX 27998
NEWARK NJ 07101-7998



If your address has changed, check here and note changes on reverse side.

PLEASE RETURN PORTION ABOVE WITH YOUR REMITTANCE. SHOW RETURN ADDRESS ABOVE THROUGH WINDOW.

Date	Description	Amount
	BALANCE AS OF 06/26/01	204.00
AMOUNT DUE-->		204.00

PAST DUE. PAYMENT HAS NOT BEEN RECEIVED ON THIS
ACCOUNT. TO AVOID FURTHER COLLECTION ACTIONS,
PLEASE REMIT PAYMENT TODAY. IF YOU HAVE ANY
QUESTIONS, PLEASE CALL (908)994-8954. THANK YOU.

Patient Name	Account #	Statement Date
TEJADA, QUIRA	61436341	07/17/01
Admit Type	Phone #	Amount Due
CLINIC	908-994-8954	204.00



St. Elizabeth Hospital
225 Williamson Street
Elizabeth NJ 07207
Fed Id# 22-1500601
Correspondence Address

Doc 1 Filed 01/17/02 Entered 01/17/02 13:16:00
Converted from ECM (10595671) Page 68 of 69

Patient Name	Account #	Statement Date
TEJADA, QUIRA	61436341	07/26/01
Admit Type	Discharge Date	Amount Due
CLINIC	04/30/01	30.00

Remit Payment To:

913 4 Forwarding Service Requested

186

TEJADA, CARLOS
426 FULTON ST
ELIZABETH NJ 07206-1220

ST. ELIZABETH HOSPITAL
P.O. BOX 27998
NEWARK NJ 07101-7998



If your address has changed, check here and note changes on reverse side.

PLEASE RETURN PORTION ABOVE WITH YOUR REMITTANCE. SHOW RETURN ADDRESS ABOVE THROUGH WINDOW.

Date	Description	Amount
	BALANCE AS OF 07/05/01	30.00
AMOUNT DUE-->		30.00

PAYMENT STILL HAS NOT BEEN RECEIVED FROM YOUR CARRIER, THEREFORE IT HAS BEEN ASSUMED THAT THIS CLAIM HAS BEEN DENIED. PLEASE REMIT YOUR PAYMENT TODAY AND SEEK REIMBURSEMENT FROM YOUR CARRIER

Patient Name	Account #	Statement Date
TEJADA, QUIRA	61436341	07/26/01
Admit Type	Phone #	Amount Due
CLINIC	908-994-8954	30.00

WACHOVIA
P.O. BOX 15515
WILMINGTON, DE 19886-5515

TARGET
RETAILERS NATIONAL BANK
P.O. BOX 59231
MINNEAPOLIS, MN 55459-0231

CHASE
P.O. BOX 15583
WILMINGTON, DE 19886-1194

DISCOVER
P.O. BOX 15251
WILMINGTON, DE 19886-5251

BP/AMOCO
P.O. BOX 9014
DES MOINES, IA 50368-9014

SEARS CARD
P.O. BOX 182149
COLUMBUS, OH 43218-2149

SEARS PREMIER CARD
P.O. BOX 182149
COLUMBUS, OH 43218-2149

PROVIDIAN
VISA
P.O. BOX 660786
DALLAS, TX 75266-0786

GC SERVICES LIMITED PARTNERSHIPS
COLLECTION AGENCY DIVISION
6330 GULFTON
HOUSTON, TX 77081

FIRST NORTH AMERICAN NATIONAL BANK
FNANB
P.O. BOX 42336
RICHMOND, VA 23242-2336

ST. ELIZABETH HOSPITAL
225 WILLIAMSON STREET
ELIZABETH, NEW JERSEY